

LOUISIANA STATE UNIVERSITY SYSTEM
HEALTH SCIENCES CENTER NEW ORLEANS
J-1 EXCHANGE – VISITOR (NON-STUDENT)
PRE ARRIVAL INFORMATION AND APPLICATION KIT



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INSTRUCTIONS FOR COMPLETING J APPLICATION KIT

1. Fill in all blanks. If something does not apply to you, write N/A in the blank so it is clear you have not inadvertently skipped the item.
2. Pay special attention to pages that require your signature. This means you must print the page, sign it, then scan and return the signed copy by email to your department contact.
3. Pay attention to the documents that you are required to provide. These items requiring additional documentation are marked with a * to indicate that you must provide the documents requested.

J-1 EXCHANGE VISITOR APPLICATION DATA SHEET

The Department of State's Exchange Visitor Program promotes mutual understanding between the people of the United States and the people of other countries by educational and cultural exchanges. Employment with their program sponsor is permissible for all J-1 status holders, but employment is not the true purpose of the Exchange Visitor Program. More details on the Exchange Visitor Program can be found at the J-1 Visa [webpage](#).

NAME:(LAST,First,Middle)

SOCIAL SECURITY NUMBER:

STREET ADDRESS:

CITY

STATE/PROVINCE

ZIP CODE:

EMAIL:

U.S. TELEPHONE: (must be provided at arrival if currently outside U.S.):

SEX: Male Female DATE OF BIRTH: (mm/dd/yy)

PLACE OF BIRTH City: Country:

CITIZEN OF:

LEGAL PERMANENT RESIDENT OF:

CURRENT RESIDENT OF:

CURRENT OCCUPATIONAL POSITION:

HIGHEST DEGREE*

PRIMARY FIELD OF STUDY:

If currently in the United States: Check here if not currently in the U.S.

CURRENT NON-IMMIGRANT STATUS:

I-94 No.

EXPIRATION DATE:

LIST PREVIOUS DATES OF UNITED STATES VISITS AND STATUS HELD (add more as needed)

*Submit copies of all U.S. related entry visas, I-94 cards, I-20s, DS-2019s as available/applicable.

Status: Entry Date: Exit Date:

Status: Entry Date: Exit Date:

Status: Entry Date: Exit Date:

LSU HSC New Orleans POSITION APPLIED FOR:

LSU HSC New Orleans FACULTY SPONSOR:

FAMILY INFORMATION: (For family members who will also apply for J-2 status. Only legal spouses and children under the age of 21 are eligible for J dependent status.) *Provide passport information page, current immigration documentation if in the U.S. and documentation of relationship (marriage license/birth certificate, translated if necessary) for each dependent.

Full Name(LAST, First Middle) Relationship Date of Birth Place of Birth(City,Country) Citizenship

Email Address (required for all persons age 18 and older):

Has this dependent ever been present in the U.S. J-1 or J-2 status? YES NO

If yes, provide dates on most recent DS-2019/IAP-66: Begin Date: End Date:

*Must attach copy of all previous DS-2019 or IAP-66 forms.

Full Name(LAST, First Middle) Relationship Date of Birth Place of Birth(City,Country) Citizenship

Email Address (required for all persons age 18 and older):

Has this dependent ever been present in the U.S. in J-1 or J-2 status? YES NO

If yes, provide dates on most recent DS-2019/IAP-66: Begin Date: End Date:

*Must attach copy of all previous DS-2019 or IAP-66 forms

Full Name(LAST, First Middle) Relationship Date of Birth Place of Birth(City,Country) Citizenship

Email Address (required for all persons age 18 and older):

Has this dependent ever been present in the U.S. in J-1 or J-2 status? YES NO

If yes, provide dates on most recent DS-2019/IAP-66: Begin Date: End Date:

*Must attach copy of all previous DS-2019 or IAP-66 forms

SEVIS functionality only permits dependents (J-2) to be added before the J-1 EV is issued an entry visa OR after the J-1 has arrived and had their program validated. Exchange Visitors and dependents should consider this restriction when making travel plans and requests for DS-2019 forms, especially for expectant mothers and infant children!!

PENDING PETITIONS/APPLICATIONS:

Do you have a lawful permanent resident petition (green card) approved or pending with USCIS?

Yes No

If yes, please indicate which applications are approved or pending: Form I-140 I-485 I-765

I-131 I-130

Do **you** have any **other** applications or petitions currently pending with USCIS? Yes No

If yes, please state what applications are pending and status requested*: _____

(*provide copy of Receipt Notice(s))

Do **your dependents** have any applications or petitions currently pending with USCIS? Yes No

If yes, please state what applications are pending and status requested*: _____

(*provide copy of Receipt Notice(s))

FOREIGN ADDRESS: (ALL Exchange Visitors must maintain a foreign address for the duration of their J program.)

Street # and Name:

Apt#

City or Town:

State or Province:

Country:

Zip or Postal Code:

Evidence of Qualifications*

Every applicant must provide acceptable evidence that they possess the requisite skills, education or background to be successful in their program objectives and to function day to day in the U.S.

Academic qualifications: Exchange Visitors who will primarily perform research or assist with research are typically required to have at least a bachelor's degree in a field related to their research area in order to qualify, though some exceptions may be permitted based on a case by case evaluation of each applicant and their program. A more advanced degree may be required based on institutional rules and regulations.

English Language Proficiency: All Exchange Visitors must show sufficient command of both written and verbal English to be successful in their program objectives (i.e. research, teaching, etc.) AND in functioning day to day in the U.S. English Language Proficiency can be shown in three ways:

1. A recognized language test such as:
 - TOEFL (minimum online score of 80 or equivalent)
 - IELTS (minimum band score of 6.0)
 - Other tests may be accepted on a case by case basis.
2. Signed documentation from an academic institution or English language school
 - This can include documentation of degree **completion** at an institution where instruction is given in English (transcripts, copy of degree, etc.) The institution must be located in a country where English is the official language for higher education OR the documentation must indicate that instruction for the degree program completed was in English.
3. A documented interview either in person or by videoconferencing or by telephone if videoconferencing is not available.
 - Skype/Online/FaceTime interviews conducted by the hiring department must be recorded and submitted to International Services for review and approval.

No immigration related documents will be issued to applicants who have not provided appropriate documentation. **This requirement is waived for program extensions for existing J-1 LSUHSC exchange visitors.**

Evidence of Funding*

Each applicant whose program is supported with funds that are not provided by LSU HSC New Orleans is required to provide acceptable (award letter, bank statement, etc.) documentation of the source, amount (monthly or total for program duration) and dates of the financial support they will receive before LSU Health Sciences Center New Orleans will issue any documents to facilitate entry to the United States. Applicants who provide evidence of funding that totals less than \$1,981/month (additional \$3,500/year for **each** sponsored dependent) will be advised to obtain additional funding, and provide acceptable evidence of such funds.

ADDITIONAL DOCUMENTATION: *Provide English Translation of any Non- U.S. Degree. For each Non-Resident, please attach copies of all previous entry, work or visitor visas, Current passport, Both Sides of Current I-94 form or printout of electronic I-94 from [CBP website](#) (if in U.S.) For Employee Applicant, please attach current Vita/Resume.

J-1 INSURANCE INFORMATION

The reason for the requirement—and the need for health insurance

It is *dangerous* to be in the United States without adequate health insurance. Although in many countries the government bears the expense of health care for its citizens, and sometimes even for visitors, individuals and families in the United States are responsible for these costs themselves. Since a single day of hospitalization and medical treatment can cost thousands of dollars, many hospitals and doctors refuse to treat uninsured patients except in life threatening emergencies. Most Americans rely on insurance, and you should do the same. Insurance gives you access to better and more timely health care, and provides the only protection against the enormous costs of health care in this country.

How medical insurance works

When you purchase health coverage, the money you pay (your premium) is combined with the premiums of others to form a pool of money. That money is then used to pay the medical bills of those participants who need health care. Your coverage remains valid only as long as you continue to pay your insurance premiums.

Once you purchase insurance, the company will provide you with an insurance identification card for use as proof of your coverage when you are seeking health care from a hospital or doctor. The company will also provide written instructions for reporting and documenting medical expenses (filing a claim). The company will evaluate any claim that you file, and make the appropriate payment for coverage under your particular policy. In some cases the company pays the hospital or doctor directly; in other cases the company reimburses you after you have paid the bills.

As a J-1 Exchange Visitor program participant, **effective May 15, 2015** you and any dependents who accompany you are **required** by the United States Department of State to have health insurance in the amount 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; co-insurance that does not exceed 25% and; does not exclude coverage for activity that is part of your exchange visitor program upon arrival in the United States in J status (regardless of the program begin date on the DS-2019). You must purchase a minimum of your first two months of coverage, through a company of your choosing before departing for the United States. Please understand you may select any insurance policy that meets the requirements stipulated above; however, the company issuing the policy must have an office in the United States and they must be either a government backed entity or a company with a rating of one of the following:** An A.M. Best rating of "A-" or above, a Standard & Poor's Claims-paying Ability rating of "A-" or above, a Weiss Research, Inc. rating of B+ or above.

You will be responsible for payment of the insurance premiums with the company you choose and providing verification of coverage on form LSU HSC-34 before you depart for the United States. Willful failure to obtain appropriate insurance coverage is grounds for program termination.

We recommend purchasing coverage through International Medical Group. They offer the Patriot Exchange Program policy whose **Standard** option with the **\$100,000 plan maximum** meets the J regulation requirements effective as of May 15, 2015 with additional coverage available, if desired. Enrollment, payment and proof of coverage can all be taken care of [online](#).

Once you arrive in the U.S., you may be eligible to purchase insurance through the LSU System - Health Sciences Center New Orleans if you are a paid employee of LSU HSC New Orleans. If you are not considered eligible for employee insurance, you (and your sponsored dependents) must maintain private insurance through the duration of your stay as J Exchange Visitor(s). See attached for additional details on available employee plans and costs. Employee plan premiums are deducted from employee paychecks on a monthly basis. **Employee plans do not include required medical evacuation and repatriation benefits, which must be purchased separately to meet J visa requirements. An average cost of these additional benefits is between \$34 and \$120 per year f covered person.**

Signature _____ Date _____

I understand that I am responsible for maintaining insurance coverage for myself and any dependents for the entire duration of my stay in the United States. This includes any time that I am **physically present** in the United States in J status, **regardless of the program dates listed on my DS-2019.**

Please ensure timely completion and submission of Certificate of Insurance (LSU HSC 34) with required signatures.

MONTHLY HEALTH INSURANCE PREMIUMS FOR ACTIVE EMPLOYEES
Effective January 1, 2019 - December 31, 2019

	LSU First Option 1	Pelican HRA 1000	Pelican HSA 775	Magnolia Local Designated Regions	Magnolia Local Plus	Magnolia Open Access	Vantage Medical Home HMO Designated Regions
12 Month Employee Share							
Employee Only	\$184.38	\$105.52	\$61.00	\$143.14	\$168.88	\$175.56	\$167.72
Employee + Spouse	\$533.10	\$342.78	\$198.28	\$465.02	\$548.54	\$570.34	\$544.76
Employee+ Children	\$265.36	\$151.96	\$87.92	\$206.00	\$243.06	\$252.72	\$241.38
Employee + Family	\$638.22	\$367.24	\$212.42	\$498.28	\$587.74	\$611.10	\$583.68
9 Month Employee Share							
Employee Only	\$245.84	\$140.69	\$81.33	\$190.85	\$225.17	\$234.08	\$223.63
Employee + Spouse	\$710.80	\$457.04	\$264.37	\$620.03	\$731.39	\$760.45	\$726.35
Employee + Children	\$353.81	\$202.61	\$117.23	\$274.67	\$324.08	\$336.96	\$321.84
Employee + Family	\$850.96	\$489.65	\$283.23	\$664.37	\$783.65	\$814.80	\$778.24
State Share							
Employee Only	\$553.18	\$316.64	\$183.16	\$429.50	\$506.78	\$526.82	\$503.28
Employee + Spouse	\$901.92	\$553.88	\$320.42	\$751.38	\$886.48	\$921.64	\$880.36
Employee + Children	\$634.18	\$363.08	\$210.04	\$492.40	\$580.94	\$603.96	\$576.94
Employee + Family	\$1,007.02	\$578.36	\$334.56	\$784.62	\$925.68	\$962.40	\$919.30
Total Premium							
Employee Only	\$737.56	\$422.16	\$244.16	\$572.64	\$675.66	\$702.38	\$671.00
Employee + Spouse	\$1,435.02	\$896.66	\$518.70	\$1,216.40	\$1,435.02	\$1,491.98	\$1,425.12
Employee + Children	\$899.54	\$515.04	\$297.96	\$698.40	\$824.00	\$856.68	\$818.32
Employee + Family	\$1,645.24	\$945.60	\$546.98	\$1,282.90	\$1,513.42	\$1,573.50	\$1,502.98
COBRA Premium							
Employee Only	\$752.31	\$430.60	\$249.04	\$584.08	\$689.16	\$716.42	\$684.42
Employee + Spouse	\$1,463.72	\$914.58	\$529.06	\$1,240.72	\$1,463.72	\$1,521.80	\$1,453.62
Employee + Children	\$917.53	\$525.34	\$303.90	\$712.36	\$840.48	\$873.80	\$834.68
Employee + Family	\$1,678.14	\$964.50	\$557.90	\$1,308.54	\$1,543.68	\$1,604.96	\$1,533.04

THE HIGHLIGHTED PLANS ARE COMPLIANT WITH J VISA REQUIREMENTS

2019 LSU Health Plan Comparison

For the 2019 Plan Year, employees of LSU will have seven (7) health plan options from which to choose coverage.

We recommend that you review your plan options to ensure you have the coverage that best meets your needs. Below is a comparison of the benefits for each plan.

	LSU First Option 1		Pelican HRA 1000		Pelican HSA 775		Magnolia Local		Magnolia Local Plus		Magnolia Open Access		Vantage Medical Home	
Network	First Choice, Verity HealthNet, Aetna ASA		Blue Cross Blue Shield of LA Preferred Care Providers & BCBS National Providers		Blue Cross Blue Shield of LA Preferred Care Providers & BCBS National Providers		Blue Cross Blue Shield of LA Community Blue & Blue Connect		Blue Cross Blue Shield of LA Preferred Care Providers & BCBS National Providers		Blue Cross Blue Shield of LA Preferred Care Providers & BCBS National Providers		Tier I (Affinity Health Network "AHN" and standard), Tier II, and Out-of-Network	
Eligible Members	Actives and Non-Medicare Retirees		Actives and Non-Medicare Retirees (retirement date after 3/1/15)		Actives		Actives and Non-Medicare Retirees (retirement date after 3/1/15)		Actives and Non-Medicare Retirees (retirement date after 3/1/15)		Actives and Non-Medicare Retirees (retirement date after 3/1/15)		Actives and Non-Medicare Retirees (retirement date after 3/1/15)	
Plan Design	Deductible		Deductible		Deductible		Deductible		Deductible		Deductible		Deductible	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Employee	\$ 500	\$ 500	\$ 2,000	\$ 4,000	\$ 2,000	\$ 4,000	\$ 400	No Coverage	\$ 400	No Coverage	\$ 900	\$ 900	\$ 400	\$ 1,500
Employee + Spouse	\$ 750	\$ 750	\$ 4,000	\$ 8,000	\$ 4,000	\$ 8,000	\$ 800	No Coverage	\$ 800	No Coverage	\$ 1,800	\$ 1,800	\$ 800	\$ 3,000
Employee + Child(ren)	\$ 750	\$ 750	\$ 4,000	\$ 8,000	\$ 4,000	\$ 8,000	\$ 1,200	No Coverage	\$ 1,200	No Coverage	\$ 2,700	\$ 2,700	\$ 1,200	\$ 4,500
Employee + Family	\$ 1,000	\$ 1,000	\$ 4,000	\$ 8,000	\$ 4,000	\$ 8,000	\$ 1,200	No Coverage	\$ 1,200	No Coverage	\$ 2,700	\$ 2,700	\$ 1,200	\$ 4,500
			HRA dollars will reduce this amount		HSA dollars will reduce this amount									
	Maximum Out of Pocket		Maximum Out of Pocket		Maximum Out of Pocket		Maximum Out of Pocket		Maximum Out of Pocket		Maximum Out of Pocket		Maximum Out of Pocket	
Employee	\$ 4,500	\$ 7,500	\$ 5,000	\$ 10,000	\$ 5,000	\$ 10,000	\$ 2,500	No Coverage	\$ 3,500	No Coverage	\$ 3,500	\$ 3,700	\$ 2,500	Unlimited
Employee + Spouse	\$ 6,750	\$ 11,250	\$ 10,000	\$ 20,000	\$ 10,000	\$ 20,000	\$ 5,000	No Coverage	\$ 6,000	No Coverage	\$ 6,000	\$ 7,500	\$ 5,000	Unlimited
Employee + Child(ren)	\$ 6,750	\$ 11,250	\$ 10,000	\$ 20,000	\$ 10,000	\$ 20,000	\$ 7,500	No Coverage	\$ 8,500	No Coverage	\$ 8,500	\$ 11,250	\$ 7,500	Unlimited
Employee + Family	\$ 9,000	\$ 15,000	\$ 10,000	\$ 20,000	\$ 10,000	\$ 20,000	\$ 7,500	No Coverage	\$ 8,500	No Coverage	\$ 8,500	\$ 11,250	\$ 7,500	Unlimited
	Includes HRA and Deductible													
	State Funding		State Funding		State Funding		State Funding		State Funding		State Funding		State Funding	
Employee	\$1,000		\$1,000		\$775		Not Available		Not Available		Not Available		Not Available	
Employee + Spouse	\$1,500		\$2,000		\$775									
Employee + Child(ren)	\$1,500		\$2,000		\$775									
Employee + Family	\$2,000		\$2,000		\$775									
	Remaining balance will be rolled over, up to a maximum amount		Funding not applicable to Pharmacy Expenses		\$200, plus up to \$575 more dollar-for-dollar match of employee contributions									
Physicians' Services	Coverage		Coverage		Coverage		Coverage		Coverage		Coverage		Coverage	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Primary Care Physician or Specialist	First Choice: 100% coverage after HRA Verity/Aetna: 80% coverage; subject to deductible	60% coverage; subject to deductible and MRC*	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage after a \$25 PCP or \$50 SPC co-pay per visit	No Coverage	100% coverage after a \$25 PCP or \$50 SPC co-pay per visit	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage after a \$10 AHN/\$20 PCP or \$35 AHN/\$45 SPC co-pay per visit	50% coverage; subject to Out-of-Network deductible
Maternity Care	First Choice: 100% coverage after HRA Verity/Aetna: 80% coverage; subject to deductible	60% coverage; subject to deductible and MRC*	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage after a \$90 co-pay per pregnancy	No Coverage	100% coverage after a \$90 co-pay per pregnancy	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage after a \$10 AHN/\$20 co-pay per pregnancy	50% coverage; subject to Out-of-Network deductible
Physician Services Furnished in a Hospital	First Choice: 100% coverage after HRA Verity/Aetna: 80% coverage; subject to deductible	60% coverage; subject to deductible and MRC*	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage	100% coverage; subject to deductible	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; subject to Tier I deductible	50% coverage; subject to Out-of-Network deductible
Preventive Care	100% coverage; NOT subject to HRA or deductible	100% coverage; subject to MRC*	100% coverage; NOT subject to deductible	100% of fee schedule amount Plan participant pays the difference between the billed amount and the fee schedule amount; NOT subject to deductible	100% coverage; NOT subject to deductible	100% of fee schedule amount Plan participant pays the difference between the billed amount and the fee schedule amount; NOT subject to deductible	100% coverage; NOT subject to deductible	No Coverage	100% coverage; NOT subject to deductible	No Coverage	100% coverage; NOT subject to deductible	70% coverage; subject to deductible	100% coverage; NOT subject to deductible	50% coverage; subject to Out-of-Network deductible

Physicians' Services	LSU First Option 1 Coverage		Pelican HRA 1000 Coverage		Pelican HSA 775 Coverage		Magnolia Local Coverage		Magnolia Local Plus Coverage		Magnolia Open Access Coverage		Vantage HMO Coverage	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Physician Services for ER Care	First Choice: 100% coverage after HRA Verity/Aetna: 80% coverage; subject to deductible	60% coverage; subject to deductible and MRC*	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage; subject to deductible	100% coverage; subject to deductible	100% coverage; subject to deductible	100% coverage; subject to deductible	90% coverage; subject to deductible	90% coverage; subject to deductible	100% coverage; subject to Tier I deductible	50% coverage; subject to Out-of-Network deductible
Outpatient Surgery/Services (billed as outpatient surgery at a facility)	First Choice: 100% coverage after HRA Verity/Aetna: 80% coverage; subject to deductible	60% coverage; subject to deductible and MRC*	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage	100% coverage; subject to deductible	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; subject to Tier I deductible	50% coverage; subject to Out-of-Network deductible
Hospital Services	Coverage		Coverage		Coverage		Coverage		Coverage		Coverage		Coverage	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Inpatient Services	First Choice: 100% coverage after HRA Verity/Aetna: 80% coverage; subject to deductible	100% coverage; subject to MRC*	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$100 co-pay per day. \$300 per admission max	No Coverage	100% coverage; after a \$100 co-pay per day. \$300 per admission max	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible + \$50 co-pay per day (days 1-5)	100% coverage after a \$50 AHN/\$100 co-pay per day max \$150 AHN/\$300 per admission; not subject to deductible	50% coverage; subject to Out-of-Network deductible
Outpatient Surgery/Services (billed at a hospital)	First Choice: 100% coverage after HRA Verity/Aetna: 80% coverage; subject to deductible	60% coverage; subject to deductible and MRC*	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after a \$100 facility co-pay per visit	No Coverage	100% coverage; after a \$100 facility co-pay per visit	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage after a \$50 AHN/\$100 co-pay	50% coverage; subject to Out-of-Network deductible
Emergency Room Care	First Choice: 100% after \$150 co-pay Verity/Aetna: 80% coverage after \$150 co-pay; subject to deductible; co-pay waived if admitted	80% coverage after \$150 co-pay; subject to deductible and MRC*; co-pay waived if admitted	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible	80% coverage; subject to deductible	100% coverage after \$150 co-pay per visit; waived if admitted	100% coverage after \$150 co-pay per visit; waived if admitted	100% coverage after \$200 co-pay per visit; waived if admitted	100% coverage after \$200 co-pay per visit; waived if admitted	90% coverage after \$150 co-pay; waived if admitted.	90% coverage after \$150 co-pay; waived if admitted.	100% coverage after \$150 co-pay per visit; waived if admitted.	100% coverage after \$150 co-pay per visit; not subject to deductible
Behavioral Health	Coverage		Coverage		Coverage		Coverage		Coverage		Coverage		Coverage	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Mental Health and Substance Abuse - Inpatient	First Choice: 100% coverage after HRA Verity/Aetna: 80% coverage; subject to deductible	60% coverage; subject to deductible and MRC*	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage after \$100 co-pay per day. \$300 per admission max	No Coverage	100% coverage after \$100 co-pay per day. \$300 per admission max	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible + \$50 co-pay per day (days 1-5)	100% coverage after a \$50 AHN/\$100 co-pay per day max, \$150 AHN/\$300 per admission; not subject to deductible	50% coverage; subject to Out-of-Network deductible
Mental Health and Substance Abuse - Outpatient	First Choice: 100% coverage after HRA Verity/Aetna: 80% coverage; subject to deductible	60% coverage; subject to deductible and MRC*	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage after \$25 co-pay per visit	No Coverage	100% coverage after \$25 co-pay per visit	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage after a \$10 AHN/\$20 PCP or \$35 AHN/\$45 SPC co-pay per visit	50% coverage; subject to Out-of-Network deductible

Other Services	LSU First Option 1 Coverage		Pelican HRA 1000 Coverage		Pelican HSA 775 Coverage		Magnolia Local Coverage		Magnolia Local Plus Coverage		Magnolia Open Access Coverage		Vantage HMO Coverage	
	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network	Network	Non-Network
Outpatient Short-Term Rehabilitation Services (PT/ST/OT/Other)	First Choice: 100% coverage after HRA Verity/Aetna: 80% coverage; subject to deductible	60% coverage; subject to deductible and MRC*	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after \$25 co-pay per visit	No Coverage	100% coverage; after a \$25 co-pay per visit	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage after a \$10 AHN/\$20 co-pay per visit	50% coverage; subject to Out-of-Network deductible
Routine Vision Exam	100% coverage; NOT subject to HRA or deductible	100% coverage; subject to MRC*	No Coverage		No Coverage		No Coverage		No Coverage		No Coverage		100% coverage; after a \$35 AHN/\$45 co-pay	50% coverage; subject to Out-of-Network deductible
Urgent Care Center	First Choice: 100% coverage after HRA Verity/Aetna: 80% coverage; subject to deductible	60% coverage; subject to deductible and MRC*	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; after \$50 co-pay per visit	No Coverage	100% coverage; after \$50 co-pay per visit	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage after \$50 co-pay per visit	50% coverage; subject to Out-of-Network deductible
Home Health Care Services	First Choice: 100% coverage after HRA Verity/Aetna: 80% coverage; subject to deductible	60% coverage; subject to deductible and MRC*	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage	100% coverage; subject to deductible	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; subject to Tier I deductible	No Coverage
Hospice Care	First Choice: 100% coverage after HRA Verity/Aetna: 80% coverage; subject to deductible	60% coverage; subject to deductible and MRC*	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	100% coverage; subject to deductible	No Coverage	100% coverage; subject to deductible	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	100% coverage; subject to Tier I deductible	50% coverage; subject to Out-of-Network deductible
Durable Medical Equipment (DME)	First Choice: 100% coverage after HRA Verity/Aetna: 80% coverage; subject to deductible	60% coverage; subject to deductible and MRC*	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage; subject to deductible	60% coverage; subject to deductible	80% coverage of the first \$5,000 allowable; 100% in excess of \$5,000 per plan year; subject to deductible	No Coverage	80% coverage of the first \$5,000 allowable; 100% in excess of \$5,000 per plan year; subject to deductible	No Coverage	90% coverage; subject to deductible	70% coverage; subject to deductible	80% coverage of the first \$5,000 allowable; 100% in excess of \$5,000 per plan year; subject to deductible	50% coverage; subject to Out-of-Network deductible
Pharmacy	LSU First Option 1 Coverage You Pay		Pelican HRA 1000 Coverage You Pay		Pelican HSA 775 Coverage You Pay		Magnolia Local Coverage You Pay		Magnolia Local Plus Coverage You Pay		Magnolia Open Access Coverage You Pay		Vantage HMO Coverage You Pay	
Tier 1 - Generic	\$0 after HRA; Covered at 100%		50% up to \$30		\$10; subject to deductible		50% up to \$30		50% up to \$30		50% up to \$30		Preferred - \$5 co-pay Non Preferred - \$20 co-pay	
Tier 2 - Preferred Brand	20% up to \$150; subject to deductible		50% up to \$55		\$25; subject to deductible		50% up to \$55		50% up to \$55		50% up to \$55		\$50 co-pay	
Tier 3 - Non-Preferred Brand	20% up to \$150; subject to deductible		65% up to \$80		\$50; subject to deductible		65% up to \$80		65% up to \$80		65% up to \$80		\$80 co-pay	
Tier 4 - Specialty	20% up to \$150; subject to deductible		50% up to \$80		\$50; subject to deductible		50% up to \$80		50% up to \$80		50% up to \$80		\$150 co-pay	
90 day supply for maintenance drugs from mail order OR at participating 90 day retail network pharmacies	30-day supply for 1 co-pay; 90-day supply for 3 co-pays.		2.5 times the cost of your applicable co-pay		Applicable co-pay; Maintenance drugs not subject to deductible		2.5 times the cost of your applicable co-pay		2.5 times the cost of your applicable co-pay		2.5 times the cost of your applicable co-pay		Preferred Generics \$0 AHN co-pay; 30-day supply for 1 co-pay; 60-day supply for 2 co-pays; 90-day supply for 3 co-pays	
After the out-of-pocket threshold of \$1,500 is met:														
Tier 1 - Generic	N/A		\$0 co-pay		N/A		\$0 co-pay		\$0 co-pay		\$0 co-pay		N/A	
Tier 2 - Preferred Brand	N/A		\$20 co-pay		N/A		\$20 co-pay		\$20 co-pay		\$20 co-pay		N/A	
Tier 3 - Non-Preferred Brand	N/A		\$40 co-pay		N/A		\$40 co-pay		\$40 co-pay		\$40 co-pay		N/A	
Tier 4 - Specialty	N/A		\$40 co-pay		N/A		\$40 co-pay		\$40 co-pay		\$40 co-pay		N/A	

*Subject to Maximum Reimbursable Charge

This comparison chart is a summary of plan features and is presented for general information only. It is not a guarantee of coverage. For full details of any plan listed, please refer to the Plan Document.

Information for Sponsored Foreign Nationals on the Affordable Care Act LSUHSC-New Orleans International Services Office

What is the Affordable Care Act?

The Affordable Care Act (ACA) is a U.S. law about health insurance coverage that took effect on **January 1, 2014**.

What does the Affordable Care Act require?

Beginning **January 1, 2014** ALL individuals present in the U.S. (including dependent spouses and minor children) who do not maintain “minimum essential healthcare coverage” as defined by the Affordable Care Act (ACA) **may** be required to make an additional “penalty” payment to the Internal Revenue Service (IRS) when filing federal tax returns. More explanation is provided [here](#).

The requirements of the ACA do not change any insurance requirements that may be related to a particular immigration status or status as a student at LSUHSC. The ACA requirements do not have any impact on U.S. immigration laws or regulations, and failure to comply with the ACA requirements is not an immigration status violation. (For example, exchange visitors in J status must take care to maintain the insurance coverage –including medical evacuation and repatriation benefits–required by the Department of State in order to maintain their immigration status.)

What happens if I (or my household members) don’t have the required insurance?

You **may** be required to pay a penalty when you file your 2014 federal tax return (must be filed by April 15, 2015). The IRS Question and Answer page on the penalty (also called the individual mandate) can be found [here](#).

Any short coverage gap of **3 continuous months or less (beginning January 1, 2014)** for the calendar year will not result in an owed penalty. Only **one** short coverage gap per calendar year is permitted in order to avoid owing a penalty, as detailed [here](#) and [here](#).

The penalty payment for the 2014 calendar years is \$95 per household person without coverage OR 1% of annual household income for 2014, whichever is **higher**. The penalty increases each calendar year after 2014, as explained [here](#).

How do I know if my policy meets the ACA’s requirements?

Ask your insurer or employer if your plan meets ACA requirements. You can ask your employer to complete the [Employer Coverage Tool](#). Your insurer (Blue Cross, United Healthcare, Cigna, etc.) should be able to tell you if your plan meets the ACA’s requirements.

- LSU System policies offered as employee coverage **do** meet ACA requirements.
- LSUHSC Student policy with BCBS of La. does meet ACA requirements for a Student Health Plan.
- The IMG [Patriot Exchange Plan](#) used by many J-1 Scholars does **NOT** meet ACA requirements, as detailed [here](#).
 - As stated above, ACA requirements are *separate* from insurance that may be required to maintain immigration status, such as the Department of State requirements for J exchange visitors and their dependents described [here](#). **Failure to obtain/maintain the insurance required for a particular immigration status is still an immigration status violation even if the insurance obtained meets ACA requirements.**
- Insurance plans provided by a non-U.S. entity (foreign government or company based outside the U.S.) **MAY** meet ACA requirements. Ask your insurer if they have applied for recognition of your plan

as “minimum essential healthcare coverage” from the U.S. Department of Health and Human Services as described [here](#).

Who is subject to the individual mandate penalty?

Only individuals present in the U.S. long enough to attain residency status for **federal tax filing purposes** are subject to payment of the individual mandate penalty. Persons who remain non-residents for **federal tax filing purposes** are not subject the penalty payment, as detailed [here](#).

How do I know if I am a non-resident or resident for federal tax filing purposes?

The IRS provides details on determining alien tax status [here](#), and on the substantial presence test used to determine residency status for federal tax filing purposes [here](#).

Many F/J students and J exchange visitors are exempt from counting days of presence in the U.S., for purposes of determining residency status for federal tax filing purposes, as designated by the IRS.

Generally, F and J students/dependents are exempt from counting days of presence toward resident federal tax filing status for the first **five** calendar years they are in the U.S. in F status. J exchange visitors/dependents are exempt from counting days of presence toward resident federal tax filing status for the first **two** calendar years spent in J status. Additional specifics and details can be found [here](#) for F students and [here](#) for J exchange visitors. **It is highly recommended that you read the IRS information pages to determine your status for federal tax filing purposes at the links provided above.**

Examples of how to count days of presence under the substantial presence test for exempt F and J status holders can be found [here](#).

Where can I look for coverage that meets ACA requirements?

If you are a paid employee of LSUHSC working at least 30 hours per week (75% effort), you **may** be able to enroll in an LSU employee coverage plan. Non-employee dependents cannot be enrolled in employee coverage without enrollment of the qualifying employee. Contact Benefits at hrmquestions@lsuhsc.edu or (504) 568-7780 for more information.

Persons living in Louisiana may search for and enroll in coverage on the federal exchange at www.healthcare.gov. Persons living in Louisiana may enroll through the federal exchange at any time after March 31, 2014 if there is a [qualifying event](#) as long as enrollment is during the [special enrollment period](#).

Most persons with valid U.S. immigration status **ARE** eligible for coverage **and** premium subsidies through the federal exchange as detailed [here](#) and [here](#).

A plan that meets ACA requirements will **NOT** necessarily meet separate insurance requirements necessary for a particular immigration status. For example, plans offered in the federal exchange likely do not include medical evacuation and repatriation coverage, which is required by the Department of State regulations for all J exchange visitors and their dependents.

LSUHSC-34

Certificate of Health, Accident, Medical Evacuation and Repatriation Insurance

U.S. Department of State (DOS) regulations in 22CFR Part 62.14 requires that each J-1 Exchange Visitor and J-2 dependents have insurance for sickness and accident. As of **May 15, 2015**, Minimum coverage must include:

- 1) Medical benefits of no less than \$100,000 per accident or illness
- 2) Repatriation of remains in the amount of \$25,000
- 3) Expenses associated with the medical evacuation of the exchange visitor to his/her home country in the amount of \$50,000
- 4) A deductible not to exceed \$500 per accident or illness
- 5) Co-insurance not to exceed 25% paid by beneficiary

Above requirements, at a minimum, must be:

- Underwritten by an insurance corporation having an A.M. Best rating of "A—" or above; an Insurance Solvency International Ltd. Rating of "A—i" or above; a Standard and Poor's Claims paying Ability rating of "A—" or above; A Weiss Research, Inc. rating of "B+" or above, or such other rating as the Agency may from time to time specify; OR
- Backed by the full faith and credit of the government of the exchange visitor's home country; OR
- Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; OR
- Offered through or underwritten by a federally qualified Health Maintenance Organization (HMO), or eligible Competitive Medical Plan (CMP) as determined by the Health Care Financing Administration of the U.S. Department of Health and Human Services

J-1 Exchange Visitor Certification

I certify enrollment in the below named insurance program which will be maintained for myself and J-2 dependents (if applicable) throughout my participation in the exchange visitor program at the LSUHSC. I will notify and provide appropriate documentation of any changes to International Services, as well as required coverage upon request for any J benefits, including but not limited to extension and travel. I further understand that a willful failure on my part to obtain and maintain insurance to meet the requirements above for myself and J-2 dependents (if applicable), **may be cause for termination of my program.**

Please Print:

J Exchange Visitors' Last Name: _____ First Name: _____

J Exchange Visitors' Signature: _____ Date: _____

Insurance Company Certification

I certify the above named individual and dependents (if applicable) have the insurance required by the U.S. Department of State in 22 CFR Part 62.14 for J exchange visitors as specified above.

(Name of Insurance Company) (Telephone)

(Address) (Email Address)

- Medical benefits of no less than \$100,000 per accident or illness
- A deductible not to exceed \$500 per accident or illness
- Co-insurance not to exceed 25% paid by beneficiary
- Repatriation of remains in the amount of (no less than) \$25,000
- Expenses associated with the medical evacuation of the exchange visitor to his/her home country in the amount of (no less than) \$50,000

Number of dependents: _____ included in above coverage. Spouse Child/Children

Policy Effective Date: _____ Expiration Date: _____ Number: _____
(month/day/year) (month/day/year)

Signature of Insurance Agent/Broker Date: _____

Agent/Broker Name: _____ Telephone: _____

Address: _____ Email: _____

LSUHSC-35
INFORMATION REGARDING TERMINATION FROM PROGRAM
PARTICIPATION

Please be advised that LSUHSC as your Exchange Visitor Program Sponsor is required by Federal Regulations to enforce certain rules which are designed to:

- protect you and your family members (i.e. - health insurance requirements)
- ensure you obtain sufficient information and assistance to facilitate the successful completion of your program, including, but not limited to, information and assistance regarding documentation for family members, maintenance of status, extension of stay, transfers, travel abroad, reentry, and return home
- maintain program integrity and monitor your participation in the program to ensure you engage only in the activities described on your Form DS-2019, make reasonable progress, **and keep International Services informed relative to your and your dependents' address, telephone number and e-mail.**

FEDERAL REGULATIONS PROVIDE THAT A SPONSOR *SHALL TERMINATE* AN EXCHANGE VISITOR'S PARTICIPATION IN ITS PROGRAM WHEN THE EXCHANGE VISITOR:

- fails to pursue the activities for which he or she was admitted to the United States
- is unable to continue unless otherwise exempted pursuant to these regulations
- violates the Exchange Visitor Program regulations and/or the sponsor's rules governing the program if, in the sponsor's opinion, termination is warranted
- **willfully fails to maintain the insurance coverage required**
- engages in unauthorized employment

In addition to these federal requirements, institutional policy mandates upon your arrival on the LSUHSC campus, but prior to becoming an active employee, you will be required to undergo post-job offer testing for the presence of illegal drugs. You must test free of these drugs as a condition of employment.

Our goal is to facilitate successful completion of your program. International Services' obligations under applicable regulations require our office to ensure compliance with the above stated terms. **Faculty sponsors and Exchange Visitors must notify International Services regarding any situation or condition which could indicate the potential need for termination from program participation.**

RECEIPT OF A COPY OF THIS DOCUMENT IS ACKNOWLEDGED.

Signature of Exchange Visitor

Date

Faculty Sponsor

Date

LOUISIANA STATE UNIVERSITY HEALTH SCIENCES CENTER
INSTRUCTIONS FOR APPLYING FOR J-1 VISA

If you are seeking admission into the United States on a J-1 visa, and you have already received your DS-2019, unless you are visa exempt (Canadian citizens), you must apply at the United States Consulate or Embassy having jurisdiction over your place of residence. To find the consulate nearest you, please visit: <http://www.usembassy.gov/>. The consulate will also require you to present a Form DS-160. **This form must be filled out online before the visa interview for most consulates.** Details about the form and if your consulate require online completion can be found at: http://travel.state.gov/visa/forms/forms_4230.html. If you complete the DS-160 form online, you should print the receipt and bring it with you to your visa interview. Without the receipt for this form, your interview will likely not be able to take place as scheduled. You will also have to provide one 2 inch by 2 inch photograph. This photograph will go on your entry visa, if it is approved. Details regarding required documentation can be found at: <http://travel.state.gov/content/visas/english/study-exchange/exchange.html>. You can also find out the wait time for a visa interview at the various consulate locations by visiting: http://travel.state.gov/visa/temp/wait/wait_4638.html

Effective October 27, 2008, the U.S. Department of Homeland Security (DHS) rule which requires J-1 visa applicants to pay a one time SEVIS I-901 fee was increased to \$180 to supplement the cost of the SEVIS system. This fee must be paid and a receipt received prior to making application for your visa or applying for entry at the border if visa exempt! The fee may be paid online at <https://www.fmjfee.com/i901fee/>. You should enter your name and other information *exactly* as it appears on your DS-2019 (assuming that the information on your DS-2019 is correct) and print a copy of the receipt. A receipt will also be mailed to you if you complete the form online. You may also complete the form I-901 and send your payment by mail. The fee is considered paid when processed, if not paid online. We recommend that you ensure the fee is processed at least 3 business days before your scheduled visa interview if you do not pay online. **For frequently asked questions and information on how to pay this fee, please visit <http://www.ice.gov/sevis/i901/faq.htm>**

You must present to the consular officer a valid passport and a Certificate of Eligibility for Exchange Visitor (J-1) Status, referred to as a DS-2019, and SEVIS fee receipt. Sign the bottom of the form for the J-1 Principal. The J-1 must also sign the bottom of the DS-2019 for each dependent who is a minor. It is recommended upon making application for J-1 and J-2 visas, you are prepared to provide copies of marriage certificates and birth certificates with appropriate English translations. The consular officer may request additional documents to establish your honest intentions in applying for a non-immigrant visa, including but not limited to: proof of adequate financial support and proof of a residence abroad that you do not plan to abandon.

If the consular officer approves the visa application, an entry visa page or visa stamp is issued into the passport noting the period of validity of the visa and the number of entries for which the visa is valid. The consular officer will also note on the DS-2019 whether, in his or her judgment,

you are subject to the two-year home country physical presence requirement or 212(e). This subjectivity includes those exchange-visitors whose (1) exchange programs are financed by their home government or by the U.S. government, (2) skills have been determined by the Department of State to be in short supply in their home country, and (3) exchange programs involve graduate medical education or clinical training. The officer should then return the DS-2019.

Upon arrival at the United States port of entry, present your passport, entry visa and all retained copies of the DS-2019 to the immigration officer. If, after a review of your documents, you are found to be admissible to the United States, the immigration officer will issue form I-94 (Arrival/Departure Record), which shows the date and place of admission, immigration classification and should be marked "D/S." D/S stands for "duration of status" and refers to the program period listed at item 3 on Form DS-2019. The USCIS' definition of J-1 "duration of status" is the period specified on Form DS-2019 "plus a period of 30 days for the purpose of travel..."

If the immigration officer is not satisfied that the DS-2019 is properly completed but considers the J-1 visa to be valid, he may grant admission for a temporary period of 30 days with the issuance of Form 515 instructing you to submit the DS-2019 and I-94 to the Immigration Officer where you plan to study or work. An I-515A indicates a SEVIS related problem with admission. An I-515A should be returned to Washington, D.C. along with other required documentation **within 30 days**. **Should this occur, please notify International Services immediately upon arrival on campus so we can assist you with submitting the proper documentation and converting your admission period to D/S.**

If your spouse or children (unmarried children under the age of twenty-one) are to accompany you to the United States, they may obtain their visas and admission to the United States on the basis of the separate DS-2019 form issued to them. Your faculty sponsor at the LSU Health Sciences Center must assure that any salary or stipends paid to you are sufficient to support your family members, as they will be your responsibility. A Certificate of Insurance signed by you and an insurance representative, or other acceptable proof of coverage, must be on file with International Services to ensure that you and any accompanying family members have purchased the required health and repatriation insurance.

Upon arrival at the LSU Health Sciences Center in New Orleans, it is important for you to contact International Services to schedule an appointment for a brief orientation and thorough review of your documents, as well as those of all dependents entering the U.S. This introduction will allow us to answer your questions and immediately file corrections of any errors which occurred during the entry process.

IMPORTANT: Your SEVIS record will be set to *invalid* if no record of entry to the U.S. has been validated **within 30 days** of the proposed program begin date indicated on your DS-2019. It is important to contact International Services should there be a delay in your expected entry to the U.S.

Regulations Unique to the J visa

- **The Tenure Bar**

You must not be a candidate for tenure.

- **The -12 Month Bar**

You may not begin an exchange program as a PROFESSOR or RESEARCH SCHOLAR based on a DS 2019 “to begin a new program” if you were physically present in any J status (including J-2 status) for “all or part of” the 12 month period immediately preceding the start date on your DS-2019.

Exceptions:

- Transfer of program
- Presence in J status for less than 6 months
- Presence in J status in the Short Term scholar category

The 12- month bar applies to anyone who has been in any J-1 or J-2 status for 6 months or longer, in the 12 month period immediately preceding the proposed DS-2019 start date, unless the individual is transferring to a new program sponsor or his / her presence in the United States was as a J-1 Short Term Scholar. Exchange visitors who were previously in the Research Scholar or Professor Category, whose program ended on or after November 18, 2006 are considered under the rules of the 24 month bar, explained below. Persons subject to the 12 month bar are not eligible to start a new J-1 program in the Research Scholar / Professor category until they have been out of J status for at least 12 months from the end date of the previous DS-2019. In determining whether the 12-month bar applies, one must count backwards 12 months from the intended start date of the new DS-2019. If the prospective exchange visitor was in any J status (except Short Term) for 6 or more months of that 12 months period, then they are subject to the bar.

- **The -24 Month Bar**

The Department of State raised the maximum duration of participation in the J program for the Professor and Research Scholar categories from 3 years to 5 years, effective November 18, 2006. Along with this good news, DOS also imposed a 24 month bar against “repeat program participation” for Research Scholars and Professors who “complete” their program on or after November 18, 2006.

The 5 year period is continuous, not aggregate. It begins on the initial program begin date documented in SEVIS at the time the SEVIS record is VALIDATED, and ends five years later. During the 5-year window, a Research Scholar or Professor may participate in one or more programs.

Program participation may be extended all the way through 5 years, as long as the SEVIS record is ACTIVE. If a program is “COMPLETED”, and the completion is effected in SEVIS, rendering the record INACTIVE, the 24 month bar is triggered. The scholar is then barred from participating in the Professor or Research Scholar category again at any institution for a period of

24 months following the end date of the program as identified in SEVIS, regardless of the length of time spent on the program.

- **The Two Year Home Residence Requirement**

The two year home residence requirement is **not** an eligibility requirement for participation in the J-1 program. It is briefly discussed here because it may be easily confused with the 24 month bar. The purpose of this requirement is to have your home country benefit from your experience in the United States by requiring you to return home with the knowledge and skills gained from your program.

You may be subject to the two-year home residence requirement, as set out in Section 212(e) of the Immigration and Nationality Act, for one or more of the following reasons:

- **Skills List-** The education, skill, or training that you are pursuing in the United States appears on the Exchange Visitor Skills List for your home country; The 2009 skills list (current) can be found online at the following link, (<http://travel.state.gov/content/visas/english/study-exchange/exchange/exchange-visitor-skills-list.html>) along with information about how to determine which skills list applies to your program and if you may subject you to this requirement based on participation in a former or future J exchange visitor program.
- **Government funding-** You received funding from the United States government, your home government, or an international organization, specifically in connection with participation in the Exchange Visitor Program; or
- **Foreign medical graduates**

You are subject during your initial entry as a J. Change of program and entry in different immigration status does not erase 212e. Accompanying J-2 dependents are subject to the requirement if you are subject.

Notations on form DS 2019 or entry visa are preliminary in nature, and are occasionally wrong. If you believe you should not be subject, you may request an Advisory Opinion from the Waiver Review Division who will review your program and documents and make a final determination about if you are subject to the requirement.

If you are subject to the home country physical presence requirement, you are not eligible for lawful permanent residence (green card) regardless of marriage to a U.S. citizen, or for H (H1B and H-4) or L visas, until you have been physically present in your home country for a total of at least two years following departure from the United States; OR until you have received a waiver of the requirement. Also, you are not permitted to change status in the United States, except to A or G. You may leave the United States and apply for any other non immigrant visa types, except permanent residency, H, and L.

- **Fulfilling the 212e Requirement**

As a general rule, you fulfill the requirement by physically staying in your home country for an aggregate period of two years. The two years do not have to be consecutive, you may accumulate a total of two years using several stays in your home country that for a shorter period.

- **Applying for Waiver of the two year requirement**

Only the J-1 principal can apply for waiver. In exceptional cases, such as in case of a death or divorce, or where a J-2 child turns 21, the J-2 can apply for waiver on their own, with the department of state acting as an “Interested Government Agency”. A waiver granted to the J-1 applicant covers J-2 dependents, unless a J-2 dependent had J-1 status him or herself and was subject to the requirement.

Applications to waive the home residence requirement are considered on one of the following:

1. Statement of no objection from the home country
2. Extreme hardship to a U.S. citizen or permanent resident spouse or child
3. Fear of persecution
4. Interest of a U.S. government agency

A detailed procedure for filing a waiver application can be found on the Department of State website at: http://travel.state.gov/visa/temp/info/info_1296.html

Effect of Receiving a Waiver Recommendation

When the Department of State completes reviewing your application, they will send a waiver recommendation letter to the United States Citizenship and Immigration Services, and a copy to you and your program sponsor. The USCIS makes the final decision on your waiver application.

Once the waiver recommendation has been given, there can be **no extension** of Form DS-2019 beyond the end date on your form. Also, you **may not transfer** your J-1 program after the DOS waiver recommendation is issued, so be sure to consider the appropriate timing of a waiver application.

TO: J-1 Exchange Visitor

On behalf of International Services, I would like to take this opportunity to welcome you to the Louisiana State University System's Health Sciences Center as soon as possible after your arrival in New Orleans. Hopefully, this letter will answer some of the basic questions you may have.

The following check-in list is provided for your reference between now and the day you check in with International Services.

Prior to Departure

- ✚ You must obtain the appropriate entry visa from the Embassy or Consulate nearest you if applicable. Please do not come to the U.S. on the Visa Waiver Program, as you will be forced to return to your country to get the appropriate student/scholar visa.
- ✚ When bringing money to the United States, it is safer to carry it as Traveler's Checks. It will be necessary to bring enough to cover items such as health insurance, rent, security deposits, utilities and other initial costs. You will also need money while traveling. Once you have arrived in New Orleans, it will be easier to open a Bank Account, and the balance of your money can then be transferred to this new account.


At Port of Entry

- ✚ Make sure that your I-94 card/electronic record is correctly marked by the entry officer as J-1. Also please check that any J-2 dependents traveling with you have their I-94 correctly marked J-2. Occasionally, the J-1 visitor's visa and their J-2 family dependents' I-94 may be mis-marked. If this error is not corrected at entry, a correction will have to be made at the New Orleans CBP office after arrival at LSU HSC. If you have a smartphone with internet access, you may check your electronic I-94 at the airport. If not, you will need to print the electronic I-94 as soon as possible to check for errors and have corrections made at deferred inspection.

After Arrival

- ✚ **Check in with International Services** - Office hours 8:30 a.m. - 4:00 p.m. weekdays. Check in at International Services to complete forms and go through a short orientation.
- ✚ Please bring with you the following items:

- Passport
- Form I-94 (small white card stapled in passport) upon arrival in the U.S. or printout of electronic I-94 obtained from the [CBP website](#)
- Form DS2019 (visa document)
- Names and addresses of someone in the U.S. and someone in your home country in case of an emergency.

 Open a Bank Account. You will be required to present identification, such as your passport, social security card, or other picture identification.

I hope that this information is helpful as you make plans to travel to New Orleans. We look forward to your arrival and successful experiences at LSU HSC, and we hope you have an enjoyable and safe stay with us.

Sincerely

Remy E. Allen
Director of International Services
433 Bolivar Street Ste 206 B
New Orleans, La. 70112

Additional helpful information about life in the U.S. and New Orleans (housing, banking, etc.) can be found in the Guide to Daily Living which is available on our website, [here](#). A printed version will be included in your initial packet with your DS-2019.