



# NATIONAL DEFENSE UNIVERSITY

## International Fellows, Class of 2017

### GUIDANCE FOR AUTHORIZED DEPENDENT MEDICAL INSURANCE

In accordance with Defense Security Cooperation Agency (DSCA) POLICY 07-27 and DSCA POLICY March 2010, international officers' authorized dependents (and FMS international officers) must have medical insurance if medical costs are not covered by their government (or through the FMS case).

#### AUTHORIZING DEPENDENTS ON THE ITO

Proof of medical insurance must be provided to the Security Cooperation Officer (SCO) at the U.S. Embassy in your country **prior** to placing your dependents on the ITO. If your dependents are not on your ITO (i.e. medical insurance not purchased), they are not authorized to join you in the U.S. Once medical coverage has been purchased or confirmed as covered by your government/FMS case, then the status of your dependents and their medical coverage type will be updated on your ITO – pending other approvals your dependents will become authorized to join you in the U.S.

#### DSCA MINIMUM REQUIREMENTS FOR MEDICAL COVERAGE

A. Medical maximum benefits of at least \$400,000.00 per person per year

*\*For IMS whose dependents have an RCHA the required amount for the medical maximum has been reduced to \$50,000 for dependents stationed at NDU. Also, please note that the RCHA no longer covers the IMS and now only covers authorized dependents of the IMS.*

B. The deductible must be at least \$0-100 per dependent and should not exceed \$1000 total for entire family.

C. Repatriation of remains in the amount of \$50,000 should a death occur in the U.S.

D. Medical evacuation in the amount of \$250,000 (per individual) in the event insured must be returned to his/her home country due to a serious medical condition.

E. Insurance must pay benefits to a Department of Defense medical facility, if appropriate.

F. Health insurance policy **must be in English**, recognized as an international company, and have a POC/ office in the United States.

G. Pregnancy cannot be insured. Students with accompanying spouses are not required to have pregnancy coverage; however, the below stated rules apply if a wife becomes pregnant while here at NDU.

*\*Students will be required to sign a Pregnancy Acknowledgement Form, agreeing to the statement below.*

THE MEDICAL INSURANCE POLICY FOR DEPENDENTS NEEDS TO BE IN EFFECT FOR THE DURATION OF THEIR STAY IN THE U.S. AND MUST MEET THE REQUIREMENTS LISTED ABOVE. IF YOUR FAMILY IS STAYING FOR THE FULL ACADEMIC YEAR, **PLEASE ENSURE THE POLICY YOU PURCHASE IS VALID THROUGH JUNE 20, 2017.**

## DEPENDENTS WITH SPECIAL MEDICAL COVERAGE: RCHA, PFP, SOFA, NATO Coverage

Reciprocal Health Care Agreements (RCHAs): Reciprocal Healthcare Agreement are individual agreements between the U.S. DOD and the defense organization of another country which offers comparable reciprocal healthcare to the dependents of officers whose countries have an active agreement with the U.S.

- These dependents are authorized medical treatment in U.S. based Military Treatment Facilities (MTF) **only**, at no cost. MTFs are also known as military hospitals.
- Fellows will be required to purchase supplemental medical insurance with a medical maximum of at least \$50,000 per dependent to cover occurrences where military medical care is not available. RCHA do not cover medical care in civilian hospitals.
  - NDU, Fort McNair is near 3 MTFs (Fort Belvoir Community Hospital, Walter Reed National Military Medical Center and Andrew Rader US Army Health Clinic) and the first two have 24 hour emergency rooms where family members (and the IMS) can receive excellent care. As a result of Fort McNair's close proximity to 3 MTFs, TRADOC/DSCA allows students to purchase supplemental insurance coverage for their family members for the reduced amount of \$50,000.
  - The supplemental coverage is required in the event that the dependents are outside of the DMV area (i.e. MTF not easily accessible) and will need to visit a civilian doctor. Supplemental insurance policies also come in handy in the event that a dependent may need to see a specialist that MTFs may not have on staff.
- RCHA agreements do not cover the IMS or civilian and para-military students nor their dependents.

NATO Status of Forces Agreements (SOFAs) and Partnerships for Peace (PfP) Agreements:

NATO SOFA and PfP agreements only provides medical coverage for outpatient medical treatments **only**. For this reason supplemental coverage is required for inpatient/civilian medical care for NATO/PfP SOFA dependents. This supplemental coverage can be provided in 1 of 4 ways:

- (1) The IMS can purchase supplemental insurance.
- (2) The military service will cover medical expenses in the FMS case.
- (3) The IMS's government can cover the medical care costs (country indemnification) or,
- (4) They must have a medical waiver approved by DSCA for modified medical coverage arrangements – the medical waiver reference, date of the waiver, and the details of the arrangement must be included in the ITO along with the relevant billing address.

### **Additional Notes:**

NATO and PfP dependents are also not authorized to enroll in TRICARE Prime, they are only eligible for TRICARE Standard. TRICARE (Tri-Service Medical Care) is a DOD, regionally managed healthcare program for U.S. only active duty and retired members of the uniformed services and their families. IMS and their dependents are not enrolled in the TRICARE health plan; however, NATO/PfP SOFA countries participate in the TRICARE Standard

Program for dependent outpatient care only. TRICARE Standard dependents will have the same deductible and co-pay as U.S. dependents when outpatient care is provided at civilian facilities.

*The RCHAs/PfPs/SOFAs agreements do not provide dental or vision coverage for dependents; if this is a concern please make sure your supplemental insurance policy includes dental/vision coverage or it will be an out-of-pocket expense. Dental care can be an extremely expensive out-of-pocket cost without adequate dental insurance coverage, more affordable options are available for vision care.*

\*\*\***For countries that are NATO Pfp & RCHA**, please note that your RCHA will take precedence and you will only have to pay the daily administrative/subsistence fee for inpatient stays at military hospitals (where there is no coverage for inpatient stays at military hospitals for IMS who hold just NATO status), and will be given Tricare Standard status as well.

## PREGNANCY REGULATIONS

Family Members who are pregnant prior to departure from home country must present proof of complete pregnancy coverage in order for them to be authorized as an accompanying dependent on the ITO.

- A. If a Family Member becomes pregnant while at NDU, the international officer will notify the International Student Management Office immediately.
- B. SATFA and US Embassy in home country will be notified of pregnancy. Home country will be requested to guarantee payment of all medical costs associated with the pregnancy.
- C. Family Members who become pregnant while at the NDU and DO NOT have pregnancy insurance (or coverage by foreign government) will be directed to return to home country as soon as possible after determination of pregnancy is made; typically within 10 days of first notification.
- D. Authorized family members for whom pregnancy IS NOT covered by the country, must have pregnancy insurance which covers pre and post-natal care, as well as delivery, unless ITO specifically states foreign government will pay all costs related to that pregnancy and delivery.
  - Pregnancy and childbirth coverage is not usually included in insurance policies purchased less than 12 months in advance, and is generally very expensive.
  - Pregnancy is considered a pre-existing condition and is not available for purchase after an IMS or dependent is diagnosed as being pregnant. For these reasons, pregnant dependent will be required to return home, if country does not indemnify associated cost.

## OTHER IMPORTANT CONSIDERATION REGARDING HEALTHCARE IN THE U.S.

- **THE U.S. HAS A FOR PROFIT HEALTHCARE SYSTEM:** The U.S offers some of the best healthcare in the world; however, for this reason it can be extremely expensive if you do not have good healthcare insurance. Medical providers in the U.S. work on a “fee for service” basis, which means physicians expect to be paid when they treat you for a medical condition.

- **The US government DOES NOT provide healthcare for visitors (dependents) to the US. International Students and their dependents are also not authorized to participate in U.S. Federal or State Medical and/or Dental programs.** For this reason, it is essential to purchase travel medical insurance if your regular policy doesn't cover you when you're abroad or if your regular policy limits your coverage.

## TRAVELER'S MEDICAL INSURANCE POLICY RECOMMENDATIONS:

Dependents also have limited healthcare insurance options as they generally only have access to traveler's insurance as a medical insurance coverage option. Traveler's insurance usually only provides coverage for medical emergencies, (i.e. Emergency Room (ER) visits).

- a. This means school or routine physicals (needed to enroll your children into school), infant or other immunizations, women wellness exams, pre-existing conditions (i.e. asthma, allergies, autism, etc.), elective procedures, dermatology, dental and vision care will not be covered by many travel insurance policy.
- b. **Traveler's insurance only provides medical coverage for when you are sick or injured and need to go to the Emergency Room.**
- c. If you will need any of the services above, please check out the following policies – they were custom-made to fit your needs: [Seven Corners – Global Security Plus](#), [Seven Corners – Global Security \(good standard policy\)](#), [Cigna – Silver Option](#) and [United Health One – Patriot America](#).

**Insurance Provider:** Cigna

**Option:** Cigna Global Health Options Policy – Silver Plan

Unlike other travelers insurance policies Cigna's insurance policy is a comprehensive insurance policy for visitors to the United States and elsewhere. Cigna allows you to tailor your insurance policy to meet you or your family's individual needs. You can add health and well-being care (routine adult physical examinations, women wellness exams, etc.) and vision and dental if desired. ***Please note that Cigna's standard policy does not include medical evacuation or outpatient care so you will need to purchase these items as optional benefits to add to the standard policy for the policy to be DSCA compliant.*** Cigna also, aims to reimburse medical bills within 5 business days of receiving the necessary and proper documentation.

***Cigna Global Health – Silver Plan \$1,000,000 coverage*** is recommended for Fellows who do not have medical coverage through their program or FMS case. Also recommended for family members who are at a higher risk for needing medical care (i.e. elderly parents (no age cap) and/or dependents with mental health conditions, or cancer). Cigna will also provide coverage up to \$5,000 for the diagnosis of addictions, including alcoholism.

This policy can be found at: <https://www.cignaglobal.com/health-insurance-plans/explained> If interested, please contact [Andrew.Reilly2@cigna.com](mailto:Andrew.Reilly2@cigna.com) directly and let him know you are with the NDU group.

**Insurance Provider:** Seven Corners

**Option:** Global Security Plus or Global Security

Both ***Global Security*** and ***Global Security Plus*** insurance policies authorize treatment at military and civilian hospitals. ***Global Security Plus*** has limited newborn care (for the first 31 days after birth), wellness child care (up to 3 visits a year for children under 19, will pay \$55 per visit), and mental and nervous disorder coverage (up to \$5,000 after 6 months). The standard ***Global Security*** insurance does not include the items mentioned

above and both policies do not include routine physical exams, drug and alcohol addiction, self-inflicted injuries, sports insurance, birth control, etc. **Please read the inclusions (care included) and exclusions (care not included) parts of the policy carefully.**

\*Recommended for families with newborns or children under 19 years of age.

Can be found at: <http://www.myglobalinsurance.com/gpage.html>

Global Security Plus Brochure:

[https://documents.sevencorners.com/web\\_files/policy\\_program\\_summaries/3454.pdf](https://documents.sevencorners.com/web_files/policy_program_summaries/3454.pdf)

Global Security Brochure:

[https://documents.sevencorners.com/web\\_files/policy\\_program\\_summaries/3453.pdf](https://documents.sevencorners.com/web_files/policy_program_summaries/3453.pdf)

**Insurance Provider:** United Health One                      **Option:** Patriot America (or Pat. Travel) – Option 3 \$500,000

Patriot America unlike other policies covers sudden and unexpected recurrence of a pre-existing condition, up to \$50,000 for dependents 65 years of age and under and \$2,500 for dependents 65+; most insurance companies do not offer coverage for pre-existing conditions at all, especially for dependents 65+. If this is a concern for you, please review this insurance policy. Sport coverage can be added on if desired (necessary if your children will want to play sports in school). Some dental coverage up to \$100 for the necessary treatment of sudden, unexpected pain to natural teeth (other policies do not include this type of dental coverage – most include emergency dental which covers dental care if an accident occurs, etc.). Does not cover immunizations and routine physical exams, birth control, self-inflicted injuries, alcoholism, mental or nervous disorders, etc.

**Please read the inclusions (care included) and exclusions (care not included) parts of the policy carefully.**

Patriot America can be found at: <https://www.uhone.com/insurance/supplemental/travel-insurance>

Patriot Travel: <http://www.imglobal.com/en/img-insurance/travel-medical-insurance/patriot-travel-medical-insurance.aspx>

Brochure: <http://producer.imglobal.com/ProducerDocuments.ashx?a=501825&documentId=1997>

Here is another policies that isn't as inclusive but still has good ratings: [Seven Corners Liaison Majestic](#)

**Please do not cut corners to purchase a cheaper policy when it comes to ensuring your family has adequate medical coverage.**

- These insurance companies will advertise full coverage, but will refuse to pay your medical bills when the time comes – this means you will waste over \$1,000 on an inadequate insurance policy and will still be stuck with very expensive medical bills.
- The other concern with these insurance companies is hospitals do not have agreements or arrangements to work with them – this means it may be extremely difficult to find an in-network doctor when needed.
- Clinics will often only accept new patients who have insurance companies that they recognize or work with.
- Here are a few companies to stay away from: Global Underwriters, HCC Medical Insurance Services, LLC (also known as Atlas).
- Here are insurance companies that are **not compliant**: Assist Card, Pan-American Life, Allianz, IMG Patriot Exchange, Seven Corners – Inbound USA, and Seven Corners – Inbound Immigrant.

Injuries and emergencies happen every day, and one event could leave you in significant debt, think \$40,000 worth of debt – therefore purchase a policy that will provide comprehensive coverage for your family members.

- Here are some routine costs: Ambulance ride to transport you to the hospital \$500, Emergency Room visit \$120 - \$3,000+, other exams – MRI \$1,100, routine diagnostic test \$500.

## Frequently Asked Questions:

### **What if Military Medical Treatment Facilities are not covered under my insurance?**

You will have to go to your insurance company's website and look up a list of doctors/providers that are approved and in your insurance company's network. If you go to a medical facility/hospital that is outside of your insurance company's in-network providers they will more than likely not cover the full medical cost.

### **What's the difference between in-network and out-of-network providers?**

**In-network:** Your insurance company has contracts with a wide range of doctors, as well as specialists, hospitals, labs, radiology facilities and pharmacies. These are the providers in your "network." Each of these providers has agreed to accept your plan's contracted rate as payment in full for services. That contracted rate includes both your insurer's share of the cost, and your share. Your share may be in the form of a co-payment, deductible or co-insurance.

- For instance, your insurer's contracted rate for a primary care visit might be \$120. If you have a \$20 co-payment for primary care visits, you will pay \$20 when you see a doctor in your network. Your insurer will pick up the remaining \$100.

**Out-of-network:** you will likely pay more out-of-pocket for medical care. Providers outside your network have not agreed to any set rate with your insurer, and may charge more. Your plan may require higher co-pays, deductibles and co-insurance for out-of-network care. So, if you normally have to pay 20% of the cost of the service in-network, you may have to pay 30% out-of-network. Often, you'll have to pay that PLUS any difference between your insurer's allowed amount and what the provider charges. Your plan may not cover out-of-network care at all, leaving you to pay the full cost yourself. **So remember to read your policy carefully** and look up, civilian care providers who are listed on your insurance company's website as in-network providers.

### **What will my traveler's insurance not cover?**

Your traveler's insurance will usually NOT cover school physicals, executive health assessments, general check-ups, baby check-ups, women wellness exams, eye exams, dental exams, maternity related charges, elective treatments, and pre-existing conditions (which include: asthma, allergies, high blood pressure, heart conditions, high cholesterol, skin rashes, etc.). **All of the above may be an out-of-pocket expense for you** – the only plans that offers more comprehensive options and provides insurance coverage for some of the items listed above are the Cigna Plan and Global Security Plus Plan. It is not unusual to pay \$4,000 - \$6,000 for a quality family insurance plan in the United States for a year's worth of medical coverage.

If you need medical care for something affecting your dependents health prior to their arrival (pre-existing), your insurance will more than likely not cover the cost for that care – treatment for their condition will be an out of your pocket expense for you unless your embassy agrees to pay the costs. If you have questions or someone in your family has pre-existing medical conditions please notify Medical Specialist, Ms. Dionne Whitby at [dionne.whitby@ndu.edu](mailto:dionne.whitby@ndu.edu) prior to your arrival.

### **What are ISMO's insurance policy recommendations?**

ISMO recommends a \$0 deductible, a policy that authorizes wellness exams and immunizations (if possible, hard to find) and authorizes care in military hospitals.

**Please note you are responsible for all medical costs for your dependents not covered by your insurance policy.**