

J-1 Scholar Program Handbook

J-1 Program Eligibility

The J-1 program is not an immigration program. The individual is coming to the United States temporarily and intends to return home.

The individual has sufficient funding, either from UCSB, personal funds, their home institution or home government for their program of research or collaboration.

The individual possesses sufficient proficiency in the English language to be able to participate in the program (see English Proficiency Requirement for more details).

The J-1 visitor is required to have medical insurance that meets program requirements for the duration of their visit, either provided by the host institution or purchased by the visitor.

Additional Eligibility Requirements for Professors and Research Scholars

- Must not be a candidate for a tenure track position;
- Must not have participated in and completed a professor or research scholar program within the last 24 months preceding the beginning date of their new program's commencement;
- Must not have participated in a J-Visa program for all or part of the 12-month period immediately preceding the start date of a professor or research scholar program unless they meet one of the following exceptions:
 - The participant is currently in a professor or research scholar program and is transferring to another institution in the U.S. to continue their current J-1 program;
 - The participant's prior physical presence in the U.S. on a J-Visa program was less than six months in duration; and
 - The prior participation was as a short-term scholar.

English Proficiency Requirement

UCSB is required to determine whether a prospective exchange visitor's proficiency in English is sufficient to enable the visitor to participate in the sponsor's exchange visitor program.

This determination must be made using an "objective measurement of English language proficiency," which include:

- A recognized English language test (such as TOEFL or IELTS) **and**
- A documented interview conducted by the sponsor either in-person or by videoconferencing, or by telephone if videoconferencing is not a viable option.

The University must retain evidence of how they measured applicants' English language proficiency so that it may be made available to the Department of State upon request.

J-1 applicants who meet the following descriptions are exempt from submitting test scores **but must still participate in an interview:**

- Those who are native speakers of English and/or from a country with English as an official language
- Those who received an education in a country where English is an official language or the official language of instruction in higher education.



OISS English Conversation Program (ECP)

The English Conversation Program at OISS gives scholars and their partners a place to develop confidence using English and learn about U.S. holidays and customs in a fun, social environment. Visit the OISS website and look for ECP under "Programs." Lots of activities and good friends!

212(e) Two-Year Home Country Physical Presence Requirement

Certain J-1 Exchange Visitors are subject to a two-year home country physical presence requirement. J-1 visitors “subject” to this rule must return to their country of last legal residence for an aggregate period of two years or obtain a waiver of this requirement before they are eligible for:

- H (temporary employment)
- L (intracompany transfer)
- Permanent Residence (Green Card)
- Change of status from within the U.S.

This requirement does not restrict a visitor from returning to the U.S. in any other immigration status. For example, if the visitor wishes to return as a tourist, student, or scholar within the two-year period and meets the requirements for those statuses, the two-year physical presence requirement does not prohibit this. However, the visitor will still be subject to the two-year requirement until the total two year period is reached or a waiver is obtained.

Who is subject to the 212(e) requirement?

J-1 visitors who meet at least one of the criteria listed below are subject to this rule:

- **Home Government Funding** - J-1 visitors who receive funding directly from their home country’s government
- **U.S. Government Funding** - J-1 visitors who receive funding directly from the U.S. government. Funding received as salary from government grants to academic departments are not considered government funding for this purpose. However, there are some exceptions which include grants that are specifically targeted for international exchange. Fulbright funding is U.S. government funding.
- **Funding from an International Organization or Bi-National Commission** - J-1 visitors who receive funding from International Organizations or Bi-National Commissions (organizations that receive their funding from government sources), such as, United Nations, NATO, or the European Community.
- **The Exchange Visitor Skills List** - J-1 visitors whose area of specialization has been identified as being in short supply by their home government or country of legal permanent residence, as indicated on the [J-1 Exchange Visitor Skills List](#).
- **Medical Education and Training** - J-1 visitors pursuing a medical degree or training.

Are J-2 dependents subject to the 212(e)?

Yes, J-2 dependents of J-1 visitors who are subject to the 212(e) requirement are also subject to this requirement. Please note that J-2 dependents must rely on the J-1 to apply for a waiver of the 212(e) requirement. J-2s may not apply for the waiver separately from the J-1.

When should I see a Scholar Advisor about the 212(e)?

If you have a question about whether you are subject to the 212(e) requirement, or how and when to apply for a waiver, you should make an appointment to speak with an advisor at OISS.

Do not assume that your visa stamp or DS-2019 have been marked correctly by U.S. government agencies, especially if any of the above “subject” criteria apply. After discussing the situation with an advisor, if you feel the assessment has been made in error, you may submit a request for an advisory opinion from the U.S. Department of State.

OISS advises scholars not to apply for a waiver of the two-year home country physical presence requirement without first discussing the timing of the request with a Scholar Advisor. Once a “No Objection” recommendation is received from the Department of State, no further extension of the DS-2019 or transfer of the J-1 program is possible. The Department of State has detailed instructions for application of the waiver of 212(e) at <https://travel.state.gov/content/visas/en/study-exchange/student/residency-waiver.html> (link is external). Fulbright students and scholars very rarely receive waivers.

INCIDENT REPORTING

22 CFR 62.13(d) Serious Problem of Controversy. Sponsors must inform the Department of State on or before the next business day by telephone (confirmed promptly in writing by facsimile or email) of any investigations of an exchange visitor's site of activity or serious problem or controversy that could be expected to bring the Department of State, the Exchange Visitor Program, or the sponsor's exchange visitor program into notoriety or disrepute, including any potential litigation related to a sponsor's exchange visitor program, in which the sponsor or an exchange visitor may be a named party.

The Department of State requires that UCSB monitor the health, welfare, and safety of our J-1 scholars and their dependents. If you or a J-2 dependent experiences any of the following, you must notify OISS immediately by phone and email so that our office can provide assistance and report the incident if necessary. The examples above are not meant to be exhaustive (e.g., there may be other serious situations that could endanger the health, safety, or welfare of an exchange visitor or otherwise could be expected to bring the Department of State, the Exchange Visitor Program, or the sponsor's exchange visitor program into notoriety or disrepute).

- Exchange Visitor Death
- Exchange Visitor Missing
- Exchange Visitor Serious Illness or Injury (e.g., brain injury, severe burn, major surgery, communicable disease, serious mental health incidents, any condition requiring hospitalization of 48 hours or more, etc.)
- Litigation (related to a sponsor's exchange visitor program, in which sponsor or an exchange visitor may be a named party)
- Incident Involving the Criminal Justice System (e.g., arrest, charges, law enforcement, etc.)
- Sexually-Related Incidents or Abuse (an incident or allegation involving sexual exploitation, harassment or abuse)
- Negative Press involving a sponsor's exchange visitor program
- Foreign Government Involvement (including embassy officials)
- Other Situations Impacting Exchange Visitor Safety (e.g., natural disasters, civil unrest, outbreaks of violence)

If you have questions about whether or not an incident should be reported, it is always best to consult with OISS, so please contact a J-1 Scholar Advisor immediately to discuss the matter.

Termination

Participants are subject to the Department of State's Exchange Visitor Program regulations, and to the rules specified by their sponsors. Participants found to be in violation of program regulations and/or sponsors' rules may be terminated from the program. Other grounds for termination include, but are not limited to:

- Failure to pursue the exchange activities for which the participant was admitted to the U.S.;
- Inability to continue the program;
- Violation of the Exchange Visitor Program regulations and/or the sponsor's rules governing the program such as failure to maintain insurance coverage as required under [22 CFR 62.14]; and
- Unauthorized employment [22CFR62.40]

Participants who are terminated from their exchange visitor programs are expected to leave the U.S. immediately.

TRAVEL

When traveling outside the United States, J-1 Exchange Visitors should carry the following documents:

- A valid passport
- A valid J-1 visa (Except citizens of Canada and Bermuda)
- A valid DS-2019, signed for travel within the last year
- Evidence you continue to engage in the activities appropriate to your status (i.e., your offer letter, your most recent paycheck stubs for those employed by UCSB)

Automatic Revalidation

J-1 Exchange Visitors may be eligible to reenter the United States from a contiguous territory with an expired visa in their passport if they meet all of the following requirements:

- Valid J-1 status
- Travel exclusively to Canada, Mexico, or the adjacent U.S. islands (all islands in the Caribbean, except Cuba)
- Trip is less than 30 days
- Not applying for a new J-1 visa while outside the United States
- Not turning in the I-94 card when leaving the United States
- Not a national (i.e. born in) or a citizen of a country designated by the U.S. Department of State as a state sponsor of terrorism. The most up to date list can found on the State Department website at <http://www.state.gov/j/ct/list/c14151.htm>

Automatic revalidation applies both to individuals with expired J-1 visas in their passport and to those with valid or expired visas in another category who have changed status to J-1 while inside the United States. Whenever traveling to a country other than your home country, please check with the embassy of that country to determine whether or not you will require a visa to enter.

Explore Santa Barbara! The 24x bus is an easy way to get from campus to downtown. You can get 10-ride or 30 day unlimited bus passes at the UCSB Bookstore that will allow you to ride the Santa Barbara Metropolitan Transit District Bus (MTD). Check bus schedules at sbmtd.gov



Insurance Waivers

If you plan to use your home country insurance you must submit your policy to Garnett-Powers & Associates to request a “waiver”.

The purpose of the waiver is to confirm that your insurance plan meets the minimum J-1 insurance requirements. To facilitate this process you may want to request an insurance certificate or a summary of benefits from your insurance provider. Please note that insurance documentation must be in English and/or translated.

Please follow the steps below to request a waiver.

Go to <http://clients.garnett-powers.com/vs/ucsb/>

- Select “Waive Coverage”
 - Complete the checklist. If your insurance meets the requirements, you will be directed to “Create Waiver Login Account”
 - Create your Waiver Login Account and follow instructions for submitting your insurance policy for review.
 - You will receive a “Waiver Application” email with a confirmation of satisfactory coverage (Waiver Confirmation).
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UCSB Postdoctoral Scholar Insurance

You may be eligible for the UC Postdoctoral Scholar Benefit Plan (PSBP). Please contact your UCSB host department payroll coordinator to confirm your eligibility. If you are eligible, you should review the Garnett-Powers & Associates PSBP website for detailed enrollment instructions, and disregard the above instructions regarding the insurance confirmation.

UCSB Paid Employee Insurance

You should check with your UCSB host department’s payroll coordinator to confirm your eligibility. If you are eligible for UCSB staff health insurance, you may be offered a choice of plans to select from. It is important for you to make sure that the plan you select will meet immigration requirements.

The health insurance plans that you might be eligible for at UCSB are:

- *Health Net Blue & Gold or UC Care:* These plans meet most of the requirements. However, they do not provide coverage for Medical Evacuation and Repatriation. If you choose to purchase this health insurance plan, **you will also need to purchase separate insurance coverage for Medical Evacuation and Repatriation.** For a list of insurance companies that offer this type of coverage, please see above.
- *Core:* **This insurance plan does NOT meet the J-1 program insurance requirements,** as the deductible is very high. If this is the only UCSB insurance plan you are eligible for, you should not purchase this plan and look for a different plan to purchase outside of UCSB. Please see above for other possible options.

Suggestions on How to Assess Health Insurance Plans

It is important to understand what is covered under the health plan and what you will pay out of pocket after the insurance company pays its part (or if the service or supply is not covered). Some examples of things to consider when looking at an insurance plan are:

- Are prescriptions included?
- Are the prescriptions you or dependents require covered by the plan?
- Does the plan include dental expenses? Often dental insurance is separate.
- Does the plan have a pre-existing condition clause?
- If you or your dependents have a continuous health condition (such as asthma, diabetes, etc), will your medications, doctor visits, and health costs related to your condition be covered by the plan?
- If you already have a specific facility or doctor selected, do they accept patients with this insurance provider?
- Does the plan allow for out-of-network reimbursement or pay a percentage of the costs? Or does the plan exclusively cover in-network healthcare providers, requiring you to pay all costs if you or your dependents need to visit an out-of-network doctor or facility?
- If you need to visit an ER or require emergency care, how much will be covered by the plan?
- What are the differences between in-network and out-of-network emergency care coverage?
- Are eye exams and prescription lenses covered by the plan?
- Are mental and behavioral health care services covered by the plan?
- What is the yearly deductible? What services and other costs go toward meeting that deductible?
- Does the plan have a coinsurance maximum?
- Are blood work and other diagnostic tests covered?

Once you choose a health insurance company and a specific plan, you will pay a premium every month to the insurance company. You will receive an insurance card, which you will present to the health care provider(s) when you visit. After your visit, the insurance company will then pay what is covered in the plan to the health care providers.

Depending on your plan, you will usually be required to pay a co-pay at the time of the visit. Then the doctor's office will bill the insurance company. Once the insurance company has paid what it is going to pay, you will be responsible for the remaining balance of the bill.

Other plans may require you to pay the full amount at the time of the visit and then fill out some paperwork and submit the required documents to the insurance company for reimbursement.

GENERAL OVERVIEW OF THE US HEALTH CARE SYSTEM

The United States is considered a free market health care system with privatized and some government insurance providers. Basically, it is a pay-as-you-can-afford system. The private insurance industry offers individual and group policies. Health care providers (physicians, hospitals, pharmacies, diagnostic facilities, therapeutic facilities, nursing care facilities, and so on) sign contracts with insurance providers. Private insurance companies then use the volume of insured patients that they control in these plans to restrict payment to the health care providers who have agreed by contract to take a fixed fee for each service.

After a person receives care, the providers send the bill to either the patient's insurance provider, or, if the patient has no insurance, to the patient.

The insurance company will pay the provider all, some, or none of what is charged depending on the terms of the contract and other conditions. In some cases, the patient is responsible for paying the rest and/or paying a portion of the charges up front, before the insurer pays for anything.

J-1 Exchange Visitors and their J-2 dependents are required by law to have health insurance that meets specific standards (see Status Specific Requirements). However, even for those individuals who do not hold J-1 or J-2 status, we strongly encourage the purchase of health insurance for yourself and your dependents.

UCSB employees may qualify for coverage. Contact your host department's human resource (HR) representative to learn about what benefits you are eligible for as part of your employment.

For those who come from countries with nationalized healthcare, or if you have purchased health insurance in your home country, please note that many medical providers in the United States will not directly bill foreign insurance entities. As such, you may be required to pay up front for the services and request reimbursement. Also, the costs of procedures may be much higher in the United States than in foreign countries. Please carefully discuss this with your foreign health insurance provider.

Primary Care and Specialists

A primary care physician (PCP) is usually a family practice, pediatrics or internal medicine doctor who you go to for annual checkups and minor problems. He or she will then refer you to a specialist when bigger problems arise or you request one. Some insurance plans require a referral from your primary care doctor to the specialist before they will pay for the specialist's services.

Out-of-Network -A healthcare provider not having a contract with the insurance company. A service or supply not covered by the plan. Such services are subject to coinsurances and deductibles.

In-Network -A participating healthcare provider approved by the insurance plan. A healthcare provider who accepts your insurance.

If you ask a friend or acquaintance who is a medical doctor to recommend a specialist, he or she will most likely not answer. Instead ask:

- a. If it were your son or daughter, what would you do?
- b. Who would you go to for a second opinion?

Medical Emergencies

IN A LIFE-THREATENING EMERGENCY, CALL 911

for immediate assistance from a fire department, police, or ambulance. Only use this number in TRUE emergencies.

A medical emergency is a sudden, serious and unexpected illness, injury or condition which requires immediate medical attention.

For immediate care, please drive the nearest hospital emergency room (ER). Urgent Care centers are also available for non-life threatening or minor emergencies. If the urgent care staff judges your problem to be more critical than you estimated, they will transfer you to the closest ER.

How to Find a Doctor

The best way to find a doctor would be through your insurance company's website. That way, you will choose an in-network doctor and will incur fewer out-of-pocket expenses.

If you already have a primary care physician (PCP), he or she can refer you to a specialist doctor. Other ways include looking in directories or asking acquaintances who they would go to.

There are also many websites where people rate doctors and relate experiences of their visits.

Common Insurance Terms

Benefits (Covered benefits): Any service (such as an office visit, laboratory test, surgical procedure, etc.) or supply (such as prescription drugs, durable medical equipment, etc.) covered by your health insurance plan in the normal course of your healthcare.

Coinsurance: A form of medical cost-sharing in a health insurance plan that requires an insured person to pay a stated percentage of medical expenses after the deductible amount, if any, was paid.

Once any deductible amount and coinsurance are paid, the insurance company is responsible for the rest of the reimbursement for covered benefits up to allowed charges: the individual could also be responsible for any charges in excess of what the insurance company does not pay.

Coinsurance rates may differ if services are received in-network or out-of-network and may depend on the different types of services.

Co-pay: The fixed amount specified by the insurance company paid to the healthcare provider at the time of the service. The remaining amount is paid by the insurance company.

There may be separate co-payments for different services.

Some plans require that a deductible first be met for some specific services before a co-payment applies.

Deductible: A specified dollar amount during the benefit period - usually a year - that you pay out-of-pocket each year before your health insurance plan begins to make payments for claims. Not all health insurance plans require a deductible. Some plans may have separate deductibles for specific services. Deductibles may differ if services are received in-network or out-of-network

Drugs: A brand-name drug and its generic counterpart are considered by the FDA to be chemically the same. Some insurance companies will only pay for generic prescription drugs.

Brand Name: Owner and manufacturer of the patent for that drug. Brand-name drugs cost more and are protected under a twenty-year patent so that the company that originally developed them can recover those development costs.

Generic: Produced and manufactured by other pharmaceutical companies. Usually less expensive than name brand. They may have different branding names, colors, and shapes, but they are required by U.S. law to be the same drug. There may be some differences among the inactive ingredients from one brand to another.

Emergency Care: Illnesses or injuries which require immediate medical attention.

FDA: the U.S. Food and Drug Administration. An agency of the U.S. Department of Health and Human Services, one of the U.S. federal executive departments. The FDA is responsible for protecting and promoting public health through the regulation and supervision of food safety, pharmaceutical products, among other things.

Premium: A specified amount paid to the insurance company each month unconditionally.

Pre-existing Condition: A health problem that existed or was treated before the effective date of your health insurance coverage. Most health insurance contracts have a pre-existing condition clause that describes conditions under which the health insurance company will cover medical expenses related to a pre-existing condition.

Pre-existing Condition Exclusion: In some cases, a health insurance company may exclude a patient's pre-existing conditions from coverage under a new health insurance plan.

Preventative Care: Measures taken to prevent diseases or injuries rather than curing them or treating their symptoms. Common examples of preventative care are immunizations and yearly physicals, as well as dental cleanings and yearly eye exams. Any screening test done in order to catch a disease early is considered a preventative service, such as routine Pap tests for women or prostate exams for men. Medications, like low-dose daily aspirin therapy, and counseling services, such as nutrition and exercise guidance, are also examples of preventative care and services.

Urgent Care: If an injury or illness requires immediate care but is not serious enough to warrant a visit to an emergency department, urgent care centers are a good option. Often urgent care centers are not open 24 hours a day but they do examine and treat patients on an unscheduled, walk-in basis. If they deem your injury or illness to be more critical than you thought it, they will transfer you to the hospital emergency room.

U.S. FORMS OF IDENTIFICATION

To begin the process for a driver's license, identification card, or social security card we recommend that you wait at least 10 days from your entry to the United States to verify your eligibility for benefits through the Systematic Alien Verification for Entitlements (SAVE) Program. <https://www.uscis.gov/save/casecheck>

California Driver's License

The Department of Motor Vehicle Administration (DMV) issues driver's licenses, learner's permits and identification cards for the state of California. In order to obtain a driver's license, you must establish that your presence in the United States is legal, that you reside

in the state of California, and other eligibility criteria for the type of identification you are requesting visit the website below for more information:

<http://www.dmv.org/ca-california/apply-license.php>

Social Security Number

J-1 Exchange Visitors, employees are eligible for Social Security Numbers because those statuses authorize employment.

To apply for a Social Security Number, please wait at least 10 days from your entry into the United States. Then go to the nearest Social Security Administration (SSA) office to apply. In general, you need to have the following original documents and your Social Security application to submit in person.

- Passport
- U.S. visa
- I-94 print out
- DS-2019
- Letter of employment from department

The address of the Social Security Administration Office closest to UCSB is in downtown Santa Barbara, very close to the downtown Transit Center and easy to access via the 24x bus from UCSB:

Santa Barbara Social Security Administration
122 W Figueroa St
Santa Barbara, CA 93101
(866) 695-6285

UCSB Emergency Alerts

You can sign up to receive emergency alerts using your UCSB NetID and password.

alert.ucsb.edu

This system will send a text message to your phone or email you to alert you to emergencies on or near campus.

You can register for community alerts from the County of Santa Barbara at readysbc.org



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