International Insurance Waiver Requirements

Plan documentation from the carrier must be provided to the Insurance Advocate.

Requests to waive the university sponsored student insurance program will be considered based on one of the following four categories:

Category 1: Independently Purchased Coverage Requirements

- □ All documents must be in English
- □ All coverage amounts are stated in US Dollars
- Must have minimum \$500,000 coverage per aggregate lifetime maximum benefit per accident or illness
- □ Maximum annual out-of-pocket expenses must not exceed \$5,000
- □ Annual deductible is \$500 or less
- □ Pays at least 80% of in-network and 65% of out-of-pocket expenses after annual deductible is met
- □ Provides coverage for outpatient care including surgery in the United States
- Provides coverage for pre-existing conditions with NO waiting period
- Coverage for mental illness, including suicide attempts, paid like any other illness
- □ Coverage for pregnancy
- Coverage for sexually transmitted diseases, rape or sexual assault
- Coverage for intramural sports (within the campus such as intramurals, etc.)
- Must provide drug coverage which provides coverage at US pharmacies with only copays or deductibles due when obtaining a prescription. The plan cannot require you to be reimbursed for drug purchases after purchase
- \$100,000 Medical evacuation coverage. Medical evacuation provides transportation to your home country in the event of a medical emergency
- \$25,000 coverage for repatriation. Provides transportation to your home country in the event of your own death
- □ Coverage must be in effect for the entire term, academic year or length of stay, whichever is shorter
- Must have a US toll-free number to contact for billing and coverage issues
- □ Must have a US mailing address for claims submission
- $\hfill\square$ Must provide a Certificate of Coverage from the carrier
- □ Must provide a copy of insurance card if already enrolled

Category 2: Home Country Provides US Insurance coverage

- □ My home government sponsors me financially and has purchased my health insurance; not just supplied funds to purchase an insurance plan of my choice. Example: Government of Saudi Arabia
- □ Coverage is a National health plan which meets all requirements in Category 1
- □ Must provide a Certificate of Coverage from the carrier
- □ Must provide a copy of insurance card if already enrolled

Category 3: Full Sponsored by US or Other organization which provides your health insurance

- I am fully financially sponsored by a U.S. or International organization (including tuition, living expenses, medical expenses, health insurance plan, etc.) Examples: Fulbright, IIE, LASPAU, USAID, WHO, Rockefeller, ARAMCO, SABIC
- □ Coverage is a National health plan which meets all requirements in Category 1
- □ Must provide a Certificate of Coverage from the carrier
- □ Must provide a copy of insurance card if already enrolled

Category 4: I am covered as a U.S. – based employee, or as a dependent of a U.S. based employee, under U.S. based health insurance provided through that employment.

- □ Must provide a Certificate of Coverage from the carrier
- □ Must provide a copy of insurance card if already enrolled

Waivers may be submitted electronically to the insurance advocate at <u>www.stuins@louisville.edu</u>