

BRANDEIS UNIVERSITY

2020-2021 INTERNATIONAL STUDENT HEALTH INSURANCE WAIVER REQUEST FORM

International students at Brandeis University are automatically enrolled in the Student Health Insurance Plan (SHIP) and do not need to take any action. If you have a plan that meets the below waiver requirements, please complete this form, including all questions in the pre-waiver questionnaire and return it to Patti@univhealthplans.com. **When submitting this waiver form you must include a copy of your insurance ID card (front & back)**. University Health Plans will review your information and notify you if your waiver request is approved or denied.

Please note, health insurance plans marketed solely to international students are often not filed in the U.S., have limited benefits and/or coverage periods that do not comply with the Massachusetts Student Health Plan Regulations and the Brandeis University waiver requirements. ISO, PSI, PGH Global, Seven Corners, Tokio Marine and Student Medicover are popular companies that market their plans to international students. Plans issued by these companies do not meet the waiver requirements and are not accepted.

Waiver Requirements:

- The policy must be a US health insurance plan that is filed and approved in the US. International insurance, travel insurance and short-term limited duration plans are not accepted.
- The policy must provide coverage for the entire academic year (8/15/20-8/14/21) with no break in coverage.
- The policy must be an Affordable Care Act (ACA) compliant plan **and** must provide minimum essential coverage as defined by the ACA including:
 - The policy must provide an unlimited policy maximum
 - The policy cannot have a pre-existing condition limitation
 - The policy must provide emergency and non-emergency local coverage in Waltham, MA
 - The policy must provide an unlimited maximum for mental/behavioral health care for inpatient and outpatient services

PRE-WAIVER QUESTIONNAIRE

Please answer the following questions based on your insurance plan by circling "Yes" or "No".

All questions are required. Do not skip any of the below questions.

1. I understand I am waiving coverage for the entire academic year through August 14, 2021 and **will not be able to enroll at a later date unless I experience an involuntary loss of coverage under my current health insurance plan** and notify University Health Plans within 60 days from the date I lose my coverage.

Yes / No

2. My plan has an unlimited policy maximum for all essential benefits, including prescription drugs.

Yes / No

3. My health insurance plan includes in-network hospitals, physicians, pharmacies, and mental health care providers within a 50 mile radius of Brandeis University.

Yes / No

4. My health insurance plan provides inpatient and outpatient mental health care and chemical dependency benefits.

Yes / No

5. Out-of-state Health Maintenance Organizations (HMOs) and Exclusive Provider Organizations (EPOs) generally have a limited network of providers and do not provide comprehensive coverage in the local area surrounding Brandeis University. Kaiser and Anthem are popular out of state HMO plans that do not provide coverage, other than for emergency situations, in Massachusetts. Please read your plan summary of benefits before answering the following question. My plan provides coverage for comprehensive medical services in the local area surrounding Brandeis University.

Yes / No

6. My plan is an **Out of State** Medicaid Program.

Yes / No

7. My health insurance plan is a Health Safety Net Plan, MassHealth Limited, or Children's Medical Security.

Yes / No

8. My insurance company is filed and approved in the United States.

Yes / No

9. My health insurance plan covers preexisting conditions.

Yes / No

10. If my health insurance plan has a deductible of more than \$250, I have adequate financial resources available to pay for expenses. High deductible health plans create a barrier to access care for students.

Yes / No

11. I acknowledge by waiving the Student Health Insurance Plan, I will be solely responsible for any medical expenses I may incur and neither Brandeis University nor the Student Health Insurance Company will be held responsible for any medical expense.

Yes / No

2020-2021 WAIVER FORM

*All fields below marked with * are required.*

*First Name:

*Last Name:

*Sage ID:

*Date of Birth:

*Home Address:

*Home Telephone Number:

*Email Address:

*Insurance Company Name:

Group Number:

*Member ID Number:

*Type of Insurance (circle the one that applies): HMO/PPO/POS or Other

Amount of Deductible:

*Insurance Address:

*Insurance City:

*Insurance State:

*Insurance Country:

*Insurance Zip:

*Insurance Company Phone Number:

*Subscriber Name:

*Subscriber ID Number:

*Subscriber Date of Birth:

*Subscriber Relation:

*Person Completing Waiver:

*Your Relation to Student (circle the one that applies): Self/Parent/Other

*Do you have evacuation and repatriation insurance if required by your visa?

YES

NO

Not Applicable

I certify that the coverage under this health plan is comparable to coverage under the student health insurance program and I understand I am responsible for my medical expenses once this waiver is submitted and approved. I also certify that my insurance coverage will remain in effect without restrictions providing coverage in Massachusetts during the 2020-2021 Academic Year. The submission of this waiver form including all information herewith constitutes truthful and accurate statements. The student will automatically be enrolled into the student health insurance plan offered by Brandeis University unless documented proof of current enrollment in a comparable health insurance plan designated by the Commonwealth of Massachusetts is provided each year.

Please sign below:

Student or Parent's Signature

Date