

Waiver Requirements OSU International Plan

(International students with no graduate assistantship)

OSU Insurance Office - Student Health Services
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Corvallis, OR 97331
phone 541-737-7600
fax 541-737-7914
Osustudent.insurance@oregonstate.edu

OSU requires all non-resident international students and their dependants (living in the U.S.) be covered by health insurance. The health insurance must meet federal, state, and OSU requirements. Students must enroll in the OSU International Student Health Plan unless they provide proof of alternate health insurance (OAR 576-025-0020) and a completed waiver application.

INSTRUCTIONS: In order to waive the mandatory OSU Plan, you must show that you have insurance that is equal or better than what you are waiving.

1. Download and complete an insurance waiver form <http://studenthealth.oregonstate.edu/insurance/intl/>
2. Attach copies of your documents. Your documents need to be in English and in US Dollars.
3. Your documents need to clearly show:
 - the company's name and address for billing
 - your policy number
 - begin and end date of the policy (must cover you at least from the first day of the term to last day of the term)
 - maximum amount of coverage per accident and illness in US Dollars
4. You must clearly show your coverage is equal to the following:

- **\$1,000,000 medical coverage for accidents and illness**
- The coverage must be comparable to the OSU plan for the following:

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| Office Visits | On campus: 100% no deductible Off Campus: 100% after deductible at Preferred Providers. |
| Outpatient Lab & X-ray | On campus: 100% no deductible Off Campus: 100% after deductible at Preferred Providers. |
| Hospital Room & Board, Surgeon, Anesthesia, | On campus: 100% no deductible Off Campus: 100% after deductible at Preferred Providers. No daily limit. |
| Physical Therapy | On campus: 100% no deductible Off Campus: 100% after deductible at Preferred Providers. |
| Mental Health and Substance Abuse | Outpatient: 100% Inpatient (In Hospital): 100% Must include coverage for injuries resulting from malintent and treatment resulting from attempted suicide. |
| Prescription Drugs | On Campus: 70% Off Campus: 70% at Preferred Provider after deductible is met. Claims must be submitted through OSU Insurance Office. |
| Emergency Room | Off Campus: 100% at Preferred Providers after deductible and \$50 Co-pay paid |
| Pregnancy/Voluntary Termination of Pregnancy | Off Campus: 100% after deductible at Preferred Providers. |

- **\$50,000 coverage for Repatriation of Remains**
- **\$50,000 coverage for Medical Evacuation**
- **Your plan cannot have a deductible**
- If you have a co-payment for service, it can not be more than 25% of total charge
- Any time period imposed by your insurance before they will cover a pre-existing condition cannot be longer than 6 months
- Coverage must include benefits for injuries resulting from malintent and treatment resulting from attempted suicide.
- If your insurance is provided by another group, company, government or embassy it must:
 - a. Be backed by the full faith and credit of your home country or government, **OR**
 - b. Be part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor, **OR**
 - c. Be offered through or underwritten by a federally qualified HMO

5. Deadline for submission of this waiver is the third Friday of the term for which you are applying for the waiver.

TIP: We recommend you have your insurance plan pre-approved by the insurance office before you buy it.