Student Health Services
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Corvallis, OR 97331
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Studenthealth.oregonstate.edu

International Waiver Form
OSU Student Insurance 2022-23

Last Name	First Name	OSU ID Number

I am an International student at OSU registered as an:

- ☐ Undergraduate
- ☐ Graduate Student with **no** graduate assistantship appointment
- ☐ INTO Oregon State University Student

Date of Birth

I qualify for the waiver under the following category:

- ☐ I am sponsored by my embassy or cultural mission.
- ☐ I am covered by a US based employer group insurance as a subscriber or dependent.

I have read the waiver requirements that apply to the plan I wish to waive. By signing below, I certify the following:
I understand my insurance coverage must remain in effect for myself and any family members in the U.S. as long as I am enrolled at OSU.

_____ _____

Signature **Date**

Waiver Requirements 2022-23	Waiver approved	Waiver begin date:	Waiver end date:	Entered in SYASHIP (initials):
	Special notes:			

Date Received/Initials:

Oregon State University

Waiver requirements are in effect from 9/11/22 through 9/10/23

International students with no Graduate Assistantship

OSU requires all non-resident international students and their dependents (living in the U.S.) be covered by health insurance. International students are automatically charged for the mandatory health insurance upon registration for classes. ***The health insurance must meet OSU standards and be fully Affordable Care Act Compliant and be met with one insurance plan***
The insurance must provide active coverage for the entire term you are requesting to waive coverage for. **You can only submit one health insurance waiver per term.** ***The Student Health Plan office will not review multiple insurance plans. All determinations are final, there is no appeal process.*** No waiver will be considered for approval in the event that PacificSource Student Health Insurance through OSU has paid any claims for the term that you are requesting to waive out of. The Student Health Plan office reserves the right to terminate a valid waiver if at any time the policy doesn't meet the waive requirements.

Plans not accepted

- Travel Insurance
- Reimbursement programs
- Health Care Cost Share Ministry plans
- Oregon Health Plan
- International Student insurance
- Individual Market Place plans
- OverSeas Travel Insurance
- Insurance purchased through Brokers on a month to month basis

Acceptable Insurance

Employer group insurance that is US based and ACA compliant. Coverage must include vision, dental and prescription drug coverage as well as coverage for repatriation and medical evacuation.

Health Insurance waiver submission deadlines:

Fall term 10/14/22 Winter term 01/23/23 Spring 04/24/23 Summer term 07/17/23

Instructions:

Your documents need to be in English and in US Dollars.

- Copy of insurance card or certificate of coverage.
- A complete schedule/summary of benefits, including a list of all limitations and exclusions within the plan. You must include information on your vision, dental and repatriation and medical evacuation coverage. All incomplete health insurance waivers will be denied.
- You will be notified via your ONID email regarding the approval or denial of your health insurance waiver.
- The completed waiver form and documentation can be or emailed to osustudent.insurance@oregonstate.edu no later than the published deadline.

Yearly deductible/Plan max/Out of Pocket max	**$500.00 deductible/no lifetime max/$6,000 out of pocket max. Unlimited medical coverage for accidents and illness.**
Office Visits	**Preferred Providers 80%.**
Outpatient Lab & X-ray	**Preferred Providers 80%.**
Hospital Room & Board, Surgeon & Anesthesia	**Preferred Providers 80%.**
Physical Therapy	**Preferred Providers 80%.**
Mental Health and Substance Abuse	**Outpatient:** Preferred Providers 80% **Inpatient (In Hospital):** Preferred Providers 80% Must include coverage for injuries resulting from mal-intent and treatment resulting from attempted suicide.
Prescription Drugs	**Preferred Providers**: 80%,
Emergency Room	**Preferred Providers:** 80% , Copay can't be greater than $150.00
Pregnancy	**Preferred Providers:** 80% Must cover for entirety of pregnancy with no waiting period.

Additional coverage requirements:

- **$50,000 coverage for Medical Evacuation and $50,000 coverage for Repatriation of Remains.**
- **$1,000 routine/preventative Dental benefit deductible can't be greater than $150.00.**
- If you have a co-payment for service, it cannot be more than 25% of total charge
- Your plan cannot have any pre-existing condition exclusions or waiting period.
- Must cover required CDC vaccinations, Preventative Care, Preventative Vision and coverage for COVID.