### International Waiver Form

**OSU Student Insurance 2020-21**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>OSU ID Number</th>
</tr>
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<tbody>
<tr>
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</tbody>
</table>

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.
  - I have attached a copy of my letter of sponsorship and a copy of my insurance card.

- [ ] I am covered as a U.S. based employee, or as a dependent of a U.S. based employee.
  - I have attached a copy of the card or other proof of coverage as well as a brief summary of coverage that shows I meet the published requirements.
  - If I am an international student, I have also provided proof of coverage for Repatriation of Remains and Medical Evacuation coverage.

- [ ] I am covered by insurance other than those listed above.
  - I have read the requirements listed on the reverse. My insurance meets each point.
  - I will attach a photocopy of my insurance summary of coverage in English and U.S. dollars to this form and deliver it to the insurance office for review.

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.

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**Signature**

__________________________________________________

__________________________

**Date**

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**Waiver Requirements 2020-21**

<table>
<thead>
<tr>
<th>Office Use Only</th>
<th>Waiver approved</th>
<th>Waiver begin date</th>
<th>Waiver end date</th>
<th>Entered in SYASHIP (initials):</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Received/Initials:</td>
<td>Waiver approved:</td>
<td>Waiver begin date:</td>
<td>Waiver end date:</td>
<td>Entered in SYASHIP (initials):</td>
</tr>
<tr>
<td>Special notes:</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Waiver Requirements 2020-21
Oregon State University

Waiver requirements are in effect from 9/11/20 through 9/10/21

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. The health insurance must meet OSU standards and be fully Affordable Care Act Compliant. International students are automatically charged for the mandatory health insurance upon registration for classes.

- The health insurance must be Affordable Care Act Compliant. Affordable Care Act comparable plans will not be approved. Individual insurance plans purchased on a month to month basis obtained through an Insurance Broker or plans purchased on the Individual Market are not accepted. Requirements must be met with one insurance plan.
- The insurance must provide active coverage for the entire academic year 9/11/20 through 9/10/21.
- Travel Insurance plans are not accepted. Reimbursement programs of any kind do not qualify for waiver approval. Health Care Cost Share Ministry plans will not be approved. Oregon Health Plan is not accepted.
- If the insurance is provided by your Sponsored program/Cultural Mission or Exchange program it must be a US based insurance plan that meets all Affordable Care Act mandates.
- 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 waiver requirements.

Health Insurance waiver submission deadlines:
Fall term 10/09/20
Winter term 01/15/21
Spring 04/09/21
Summer term 07/05/21

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 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 emailed to osustudent.insurance@oregonstate.edu no later than the published deadline.

Yearly deductible/Plan max/Out of Pocket max

<table>
<thead>
<tr>
<th>Service</th>
<th>$500.00 deductible/no lifetime max/$6,000 out of pocket max. Unlimited medical coverage for accidents and illness.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visits</td>
<td>Preferred Providers 80%.</td>
</tr>
<tr>
<td>Outpatient Lab &amp; X-ray</td>
<td>Preferred Providers 80%.</td>
</tr>
<tr>
<td>Hospital Room &amp; Board, Surgeon &amp; Anesthesia</td>
<td>Preferred Providers 80%.</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>Preferred Providers 80%.</td>
</tr>
</tbody>
</table>
| 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.
- $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 periods.
- Must cover required CDC vaccinations, Preventative Care and Preventative Vision.