Waiver Requirements 2018-19
(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 federal requirements and OSU standards. Students are automatically enrolled in the OSU International Student Health Plan unless they provide proof of alternate health insurance and a completed waiver application.

Health Insurance waiver submission deadlines:
Fall term 10/12/18       Winter term 01/25/19      Spring term 04/19/19          Summer term 07/12/19

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. The Student Health Insurance office reserves the right to terminate a valid waiver if during anytime the policy does not meet the minimum requirements. No waiver will be considered for approval in the event PacificSource Student Health Insurance through OSU has paid any claims for the term that you are requesting to waive out of.
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
   ▪ The completed waiver form and documentation must be turned in to the Student Health Insurance office room 117.
   ▪ All requirements must be met with one insurance plan. Overseas Travel/Travel Insurance and Oregon Health Plan are not accepted. These waiver requirements are in effect from 9/11/18 through 9/10/19
4. You must clearly show your coverage is equal to the following:

<table>
<thead>
<tr>
<th>Yearly deductible/Plan max/Out of Pocket max</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>
<tr>
<td>Mental Health and Substance Abuse</td>
<td>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.</td>
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<tr>
<td>Prescription Drugs</td>
<td>Preferred Providers: 80%,</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>Preferred Providers: 80%, Copay can’t be greater than $150.00</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>Preferred Providers: 80% Must cover for entirety of pregnancy with no waiting period.</td>
</tr>
</tbody>
</table>

- If the insurance is provided by your sponsored program/government/cultural mission or exchange program it must be a US based insurance plan that meets all Affordable Care Act mandates. Travel Insurance is not accepted.
- $50,000 coverage for Repatriation of Remains
- $50,000 coverage for Medical Evacuation
- $1,000 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.
  a. Must cover required CDC vaccinations and Preventative Care
  b. Must include Vision insurance for preventative services as well as coverage for glasses, vision exam and lenses.