

Requirements for demonstrating alternate health insurance for graduate assistants or international students.

Applicable for 2007-08. University of Mississippi.

To be approved for having alternate health insurance coverage, a student must provide evidence, using a Graduate Assistant/International Student Insurance Waiver Form, that he or she a) is included on an employee-supported family group plan or an individual health insurance plan that meets the minimum requirements in the following table A, or b) has health insurance through one of the organizations or special sponsored programs in table B.

Table A. Minimum required benefits for alternate insurance through an employee-supported family plan or an individual health insurance plan.		
Maximum Benefits and Deductible	\$100,000 per injury/illness with a deductible of no more than \$100 per injury/illness ¹	or \$250,000 per injury/illness with an annual cumulative deductible of no more than \$300 per individual
Effective Coverage Period	Coverage must extend through the entire semester for which the waiver is requested. For a student who is a dependent on a family plan, the student must not age off the plan before the end of the Fall or Spring semester.	
Pre-Existing Condition Limitation	Must not have longer than a 12 month wait period for coverage.	
Co-Insurance Paid by Participant	Not to exceed 20% for preferred (in-network) provider negotiated charges; not to exceed 50% for non-preferred provider reasonable charges; not to exceed 50% for behavioral health and substance abuse negotiated/reasonable charges	
Insurance Company Rating	Must have an A or A- rating by A.M. Best	
Outpatient Prescription Drugs	Not less than 100% after co-pays of no more than \$12 for generic and \$30 for prescription drugs	
Repatriation and Medical Evacuation	Policies for international students must include a minimum of \$10,000 for both repatriation of remains and medical evacuation	
Required Coverage	Inpatient (including surgery), hospital fees, outpatient visits, emergency room, maternity, prescription drugs, X-ray, diagnostic, lab services, outpatient psychotherapy	

¹This coverage corresponds to the high option plan for a Student Injury and Sickness Insurance plan being endorsed by the University. During the phase in period for the Graduate Student Health Insurance Plan (Spring 2007), the endorsed Student Insurance (First Student) will be accepted as an alternate insurance.

Table B. Policies, Organizations, and Agencies with Approved Waivers	
Applying to Both Domestic and International Students	<p>X Employer Sponsored Group Insurance (meeting Table A)</p> <p>X Individual Insurance (meeting Table A)</p> <p>X State Employee's Health Insurance Plan</p> <p>X Medicaid</p>
Applying to International Students	<p>X Insurance Plans Associated with Participation in CIEE, US Dept of Education (e.g., Fulbright, LAUSPAU, etc)</p> <p>X Sponsored Exchange Student Programs (e.g, IREX) where the student is required to have other insurance</p>

Procedure for Requesting a Waiver

A graduate assistant or international student may request, on a semester or annual basis, that he or she be waived from participation in the Graduate Assistant/International Student Insurance Plan. Until a web site for such requests is established, a waiver can be requested by submitting the form below to the Graduate School or Office of International Programs. The form must be received by the Graduate School (or Office of International Programs) one week before the beginning of the Spring or Fall semester.

Only the Graduate Assistant/International Student Health Insurance will be subsidized by the University.

UM Graduate Assistant/International Student Health Care Waiver

Student=s Name: _____
Student ID Number: _____
Department/Program: _____ Year of Request 2007-2008 ~

This waiver request is to be completed by a graduate assistant or international student who does not wish to be automatically enrolled in coverage through the University of Mississippi=s group insurance plan for graduate assistants and international students. A waiver request must be submitted to the Graduate School or Office of International Programs at least one week before the beginning of the Fall or Spring semester (regardless of whether the employing department has submitted the GA appointment forms).

By completing and signing the form below, a graduate assistant or international student states that he or she has alternate insurance that satisfies the requirements in Table A and/or has insurance through an organization or agency in Table B. Please provide the following information to support this request.

Insurance Company Name _____
This insurance is an (check one)
~ Employer Sponsored Group Plan, or
~ Individual Insurance, and/or
~ a Table B Option

Policy Number or Plan Name/Type _____
Insurance Company Address _____ (street)
_____ (city)
_____ (state, postal code, country)
_____ (phone number or web site)

Policy Details:
Total Coverage ~ Less than \$100,000 ~ More than \$100,000
Deductible ~ \$100 or less per injury/illness ~ \$300 or less ~ More than \$300

If student is a dependent on a family plan,
age student Ages off@ _____
Policy Holder Name _____
Relationship of Student to Policy Holder _____

If a Table B Option, please provide details: _____

I attest that the above information is valid, to the best of my knowledge, and I request a waiver of participation in the Graduate Assistant/International Student Insurance Plan for the indicated semester(s).

Signature: _____ Date submitted: _____

Office Use: Date Received _____

Approved: Yes ~