FLORIDA A&M UNIVERSITY Health Insurance for International Students

Effective fall 2013, the Student Health Services Office is now responsible for reviewing documentation for the state required health insurance coverage for all international students. The following procedure should be utilized by all international students in order to satisfy federal, state, and Florida A&M University requirements for health insurance coverage:

• International students must present proof of insurance coverage along with the required Health History and Immunization form to the Student Health Services Office. Policy information must be presented in English and meet the benefit requirements established by the Florida Board of Governors
http://flbog.edu/documents-regulations/regulations/6-009-Admission_of_International_Students.pdf
Students, who have not yet purchased an appropriate insurance coverage, may obtain information from the Office of Student Health Services on the health insurance policies from a few insurance companies that have been reviewed by the University and that meet the state requirements.

Please see Mrs. Tanya Tatum, Director of Student Health Services, if you have any questions or need more information. The Clinic is located on the 1st floor in the Foote-Hilyer Administration Center; Telephone number: (850) 599-3777 FAX number: 850-599-3067.

<u>PLEASE NOTE</u>: The admission requirements for international students include having health insurance with continuous coverage for the entire enrollment period, including annual breaks. <u>Proof of insurance is required for registration</u>. If you do not have appropriate health insurance, you must be prepared to purchase insurance for the full academic year. The benefit requirements for health insurance coverage are provided on below.

- For International Graduate Assistants only: If you are receiving a Graduate Assistantship and working a minimum of 0.25% FTE or 10 hours per week, you will need to obtain an *Insurance Verification Form* from the Student Health Services office. After this Office confirms that you have purchased the required insurance policy, then you should submit the approved Insurance Verification Form and a completed *Certification for Insurance Eligibility* application form at http://www.famu.edu/graduatestudies/m/assets/File/Graduate%20Insurance%20Form.pdf to the Graduate Studies and Research (GSR) Office, which is located in Suite 469 Tucker Hall, no later than September 15th.
- The GSR office will only process a reimbursement equal to the premium that is being paid for health insurance for domestic graduate assistants after it receives a copy of your working contract from the Office of Academic Affairs.

If you have any questions regarding health insurance issues, please contact Ms. Tanya Tatum or Mrs. Harriett Jennings at (850) 599-3777.

Excerpt from Florida Board of Governors Regulations:

- 6.009 Admission of International Students to State University System (SUS) Institutions. http://flbog.edu/documents_regulations/regulations/e_009_Admission_of_International_Students.pdf
- (2) No international student in F or J non-immigrant status shall be permitted to register, or to continue enrollment, at a university without demonstrating that the student has adequate medical insurance coverage for illness or accidental injury and which includes the following minimum requirements:
 - (a) Coverage Period: Policies must provide, at a minimum, continuous coverage for the entire period the insured is enrolled as an eligible student, including annual breaks during that period. Payment of benefits must be renewable.
 - (b) **Basic Benefits**: Room, board, hospital services, physician fees, surgeon fees, ambulance, outpatient services, and outpatient customary fees must be paid at 80% or more of usual, customary, reasonable charge per accident or illness, after deductible is met, for in-network, and 70% or more of usual, customary, and reasonable charge for out-of-network providers per accident or illness.
 - (c) **Inpatient Mental Health Care**: Must be paid at 80% in-network or 60% out-of-network of the usual and customary fees with a minimum 30-day cap per benefit period.
 - (d) **Outpatient Mental Health Care**: Must be paid at 80% in-network or 60% out-of-network of the usual and customary fees for a minimum of 30 (preferably 40) sessions per year.
 - (e) **Maternity Benefits**: Must be treated as any other temporary medical condition and paid at no less than 80% of usual and customary fees in-network or 60% out-of-network.
 - (f) **Inpatient/Outpatient Prescription Medication**: Must include coverage of \$1,000 or more per policy year.
 - (g) **Repatriation**: \$10,000 (coverage to return the student's remains to his/her native country).
 - (h) **Medical Evacuation**: \$25,000 (to permit the patient to be transported to his/her home country and to be accompanied by a provider or escort, if directed by the physician in charge).
 - (i) Exclusion for Pre-Existing Conditions: First six months of policy period, at most.
 - (j) **Deductible**: Maximum of \$50 per occurrence if treatment or services are rendered at the Student Health Center; maximum of \$100 per occurrence if treatment or services are rendered at an off-campus ambulatory care or hospital emergency department facility.
 - (k) **Minimum coverage**: \$200,000 for covered injuries/illnesses per policy year.
 - (1) Insurance Carrier must, at a minimum, meet the rating requirements specified in Part 62.14(c)(1) of Title 22 of the Code of Federal Regulations.
 - (m) Policy must not unreasonably exclude coverage for perils inherent to the student's program of study.
 - (n) Claims must be paid in U.S. dollars payable on a U.S. financial institution.
 - (o) Policy provisions must be available from the insurer in English.

Authority: Section 7(d), Art. IX, Fla. Const., History–Adopted 7-6-72, 12-17-74, Amended 6-21-83, 8-11-85, Formerly 6C-6.09, Amended 12-9-91, 9-27-07, Amended and Renumbered 1-29-09.