

## INSURANCE VERIFICATION CHECKLIST

International students in F or J non-immigrant status are required to demonstrate enrollment in adequate medical insurance coverage for illness or accidental injury. As an ELI student, you must be enrolled in an insurance policy which covers all of the Florida State University Board of Governor's requirements for international students.

ELI students are eligible to purchase the UF student insurance plan, which meets all of these requirements. The current cost is \$159 per month. The UF International Center also has a list of pre-approved plans on its website, at <http://ufic.ufl.edu/ISS/insuranceplandates.html>. The cost of these plans varies depending on the student's age.

If you want to use an insurance plan other than the UF student plan or the pre-approved plans, you may be required to complete an online insurance verification form when you arrive at the ELI.

Your insurance policy must meet all of the following minimum requirements:

- ☐ 1. Your plan does not have any limitations or exclusions for pre-existing conditions.
- ☐ 2. Your plan covers hospital stays for medical and surgical care and for mental health conditions.
- ☐ 3. Your plan covers doctor office visits for medical and mental health conditions.
- ☐ 4. Your plan covers prescriptions written by a doctor. (If you are covered for prescription benefits through a third party vendor Merck Medco, CVS Caremark, Express Scripts, etc., that is acceptable.)
- ☐ 5. Access to a provider network within approximately an 80 mile radius of the student's home campus is available. Coverage must be available for routine, specialty, diagnostic, urgent and hospital care. Coverage for urgent or emergency care only IS NOT sufficient.
- ☐ 6. Your plan covers services related to injury from participation in all types of recreational activities or recreational sports, excluding intercollegiate athletics.
- ☐ 7. If your plan has an annual deductible, **EITHER**:
  - It must be equal to or less than \$1,500; **OR**
  - You confirm you have financial means to meet the higher deductible amount
- ☐ 8. If you are female, **EITHER**:
  - Your plan covers maternity care, including prenatal care and delivery with no pre-existing condition limitations; **OR**
  - You confirm you have financial means to cover maternity care, including prenatal care and delivery
- ☐ 9. Your plan provides coverage for diagnostic services, including laboratory tests.
- ☐ 10. Your plan pays at 70% or more of usual, customary, reasonable charge per accident or illness, after deductible is met, for in-network, and 50% or more of usual, customary, and reasonable charge for out-of-network providers per accident or illness.
- ☐ 11. Your plan covers repatriation of remains in the amount of \$25,000 or more.
- ☐ 12. Your plan covers expenses associated with the medical evacuation of exchange visitors to his or her home country in the amount of \$50,000 or more.
- ☐ 13. Your plan is not a reimbursement plan; that is, it does not require you to pay your own money first and then seek reimbursement from the insurance company later.

**These insurance requirements are not flexible, and if you cannot prove that your insurance plan meets the requirements, you will not be allowed to attend classes.**