

# ASU Student Health Insurance Exemption Request

Welcome to the Arizona State University (ASU)  
The ASU insurance requirement applies to the following students:

**Degree-seeking international students with a F-1 Visa**  
**International exchange students with a J-1 Visa**  
Who is your coverage being provided by please check one

**DEADLINE TO SUBMIT  
EXEMPTION REQUEST  
SEPTEMBER 4, 2013**

- Government Insurance or Official Sponsor- Name of Sponsor: \_\_\_\_\_
- Are ASU Benefits Eligible Employee - Provide a copy of enrollment verification and Medical Evacuation and Repatriation and this form 8-9 (skip 2-7 and sign 14)
- US Employer Insurance- Name of employer \_\_\_\_\_
- Dissertation, Thesis or Research (provide documentation from Department Head and this form. (skip 2-13 and sign 14)
- Private Insurance: (Individual/Spouse/Family)

1. Is this a Group Health Insurance policy? Yes No
2. Can this policy be cancelled? Yes No
3. What is the effective date for this plan? \_\_\_\_\_
4. Does this plan terminate? Yes No if yes, what is the termination date? \_\_\_\_\_
5. Name of Insurance Company: \_\_\_\_\_  
Policy/Member ID/GroupNumber: \_\_\_\_\_  
Subscriber/Insured Name and Birthdate: \_\_\_\_\_

6. What is the Lifetime maximum benefit in US Dollars under this policy? \$ \_\_\_\_\_

7. **Does this policy provide coverage for the following? (please circle yes or no)**

Preexisting Conditions <b>no</b> limitations and <b>no</b> waiting period	Yes	No
Emergency and Inpatient/ Outpatient Hospitalization	Yes	No
Inpatient/Outpatient Surgery, Primary Care Services/Preventive Care	Yes	No
Specialty Care Services	Yes	No
Inpatient and Outpatient mental health Coverage at the same level as any other accident or sickness	Yes	No
Maternity Coverage at the same level as any other accident or sickness	Yes	No

8. Does this policy provide a Repatriation Benefit? Yes No Amount (in USD): \_\_\_\_\_
9. Does this policy provide a Medical Evacuation Benefit? Yes No Amount (in USD): \_\_\_\_\_

10. **Benefits Summary Page & Copy of Insurance Card (front & back)** along with this completed form can be e-mailed, faxed or mailed to:

ASU Health Service  
Student Insurance  
P.O. Box 872104  
Tempe, Arizona 85287-2104

Office Phone (480) 965-2411  
Fax number (480) 965-0734  
Email: insurance@asu.edu

11. I have read and understand the ASU policy, **USI 106-04: Insurance Requirements for International Students**; and that exemption requests must be submitted **EVERY** semester by the first two weeks of class. I also understand that if I lose coverage, change insurance companies, or my benefits change under my plan, I must notify the ASU Health Insurance Office within 30 days. If ASU Health Service is unable to file claims to my health insurance plan, I understand that I must pay for any charges incurred and it is my responsibility to seek reimbursement from my plan.

Student Name (please print)

Student ID Number

Birthdate

# ASU Student Health Insurance Exemption Request

Student Signature

ASU E-mail Address

Date

Requested Semester

To be considered for an exemption from the mandatory ASU Student Health Insurance plan, **your health insurance plan must meet the following minimum requirements:**

- Have a lifetime maximum of **\$1,000,000 USD\*** or more
- **Must be in effect during the ASU Student Health insurance term: Fall (Aug. 16 – Jan. 3) and Spring (Jan. 4 – Aug. 15) see school policy requirements:**  
<http://www.asu.edu/aad/manuals/policyarchives/STA/July2000/sta106-04.html>
- **Have benefits for:**
  - It must cover pre-existing conditions with no limitations and no waiting period.
  - It must provide both in-patient and out-patient mental health coverage at the same level as any other accident or sickness.
  - It must provide coverage for primary, specialty, emergency, and hospitalization care in the state of Arizona.
  - medical evacuation benefits in the amount of \$10,000 USD (preferably unlimited)\*\*
  - repatriation of remains benefits in the amount of \$7,500 USD (preferably unlimited)\*\*

\*Please note that Travel Insurance plans that have a per illness/injury/occurrence benefit, must meet the \$1,000,000 USD.

\*\*If your plan does not provide these benefits, you may purchase additional coverage through the following websites for a minimal cost:

[www.medexassist.com](http://www.medexassist.com)

[www.intenationalsos.com](http://www.intenationalsos.com)

[www.betins.com](http://www.betins.com)

**Incomplete requests will not be reviewed.** An incomplete request is a request that is submitted without a Benefit Summary or copy of insurance card or a complete request form. It is recommended that you contact your insurance carrier for assistance in completing this form if you do not know what your health insurance plan covers.

**All documents must be submitted in English and converted to US Dollars by the insurance company.** Documents not submitted in English and not in US Dollars will not be reviewed.

**NOTE: No waiver will be granted after the second week of classes.**

## Definition/Clarification of Terms

**Government Insurance:** Insurance is provided by your home country as part of your citizenship/social security benefits; and insurance purchased separately as an extension of your government insurance plan for travelling abroad.

**Official Sponsor:** Insurance provided by your official sponsor group such as Saudi Arabian Cultural Mission, Embassy of Kuwait, ARAMCO, United Arab Emirates, Embassy of Qatar, and the University of Leeds.

**ASU Benefits Eligible Employee Insurance:** Insurance provided to you as an ASU Employee, or as a dependent of an ASU Employee.

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**US Employer Insurance:** Insurance provided to you by a U.S. Employer, or as a dependent of an employee of a U.S. Employer.

**Dissertation, Thesis, or Research:** If you are doing any of this kind of study for your degree, you will need to provide documentation/confirmation from your Department Head or Program Advisor/Coordinator indicating that you are out-of-state or out-of-country.

**Emergency Medical Evacuation:** In the event of medically necessary evacuation to the nearest adequate medical facility including coverage for transportation, medical services, and medical supplies to the country where the evacuation initially occurred or to the Insured Persons Home Country, at the insured Persons option.

**Repatriation of Remains:** In the unfortunate circumstance when death occurs during your trip this covers the costs and logistics of preparing and returning your remains to your home country.

**Lifetime/Aggregate Maximum:** This is the amount that your insurance will cover as long as you are a covered person on the plan.

**Coinurance:** The percentage of cost for medical services the covered person on the plan has to pay out of their own pocket.

**Deductible:** The amount the covered person on the plan has to pay before receiving any benefits from the insurance plan.

**Medical Services:** These services include physician visits (primary care and specialty care), hospitalization (inpatient and outpatient), and Emergency Room services.

**Benefit Summary Page& Copy of Insurance Card:** Highlights the services that are covered by your plan. See below for example.

BlueChoices <sup>SM</sup> Sample Benefit Summary						
	BlueEssentials		BluePreferred		BlueClassic	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
<b>Lifetime Maximum</b>	\$2 million		\$2 million		\$2 million	
<b>Network Options</b>	PAR, PPP, Access		PAR, PPP, Access		PAR, PPP, Access	
<b>Deductible Options</b>			\$300	\$300	\$300	\$300
• Separate Deductibles	\$500	\$500	\$500	\$500	\$500	\$500
• Separate for in & out	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000	\$1,000
• Single Deductible	\$2,000	\$2,000	\$2,000	\$2,000	\$1,000	\$1,000
• Combined for in & out	\$3,000	\$3,000	\$3,000	\$3,000	\$1,000	\$1,000
<b>Coinurance</b>	70%	50%	80%	60%	90%	70%
<b>Maximum Coinurance</b>	\$3,000	\$10,000	\$2,000	\$8,000	\$1,000	\$6,000
<b>PREVENTIVE SERVICES</b>						
<b>Women's Exams</b>	\$20 copay	Ded1 & coins	\$20 copay	Ded1 & coins	\$20 copay	Ded1 & coins
Incl. pap & mammogram						
<b>Immunizations</b>	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay
<b>Well-Baby Exams</b>	\$20 copay	Ded1 & coins	\$20 copay	Ded1 & coins	\$20 copay	Ded1 & coins
<b>Routine Exams</b>	\$20 copay	Not covered	\$20 copay	Not covered	\$20 copay	Not covered
Incl. DRL, \$200 maximum						
<b>PROFESSIONAL SERVICES</b>						
<b>Office/Home Visits (E&amp;M)</b>	Personal Physician: \$20 copay Specialist: \$40 copay	Ded1 & coins	General Physician: \$20 copay Specialist: \$40 copay	Ded1 & coins	Personal Physician: \$20 copay Specialist: \$40 copay	Ded1 & coins
<b>Outpatient Diagnostic Radiology &amp; Lab (DRL)</b>	Ded1 & coins	Ded1 & coins	Ded1 & coins	Ded1 & coins	Ded1 & coins	Ded1 & coins
<b>Non-routine services</b>						
<b>Maternity Care</b>	Initial visit: \$20 copay Incl. OB, GYN, & related services	Ded1 & coins	Initial visit: \$20 copay Incl. OB, GYN, & related services	Ded1 & coins	Initial visit: \$20 copay Incl. OB, GYN, & related services	Ded1 & coins
<b>Mental Illness and Chemical Dependency Treatment (in-network)</b>	Personal Physician: \$20 copay Specialist: \$40 copay	Ded1 & coins	Personal Physician: \$20 copay Specialist: \$40 copay	Ded1 & coins	Personal Physician: \$20 copay Specialist: \$40 copay	Ded1 & coins
<b>Rehabilitation Surgical Procedures</b>	Ded1 & coins	Ded1 & coins	Ded1 & coins	Ded1 & coins	Ded1 & coins	Ded1 & coins
<b>FACILITY SERVICES</b>						
<b>Inpatient &amp; Residential Facility Care</b>	Ded1 & coins	Ded1 & coins	Ded1 & coins	Ded1 & coins	Ded1 & coins	Ded1 & coins
<b>Outpatient Facility Care</b>	Ded1 & coins	Ded1 & coins	Ded1 & coins	Ded1 & coins	Ded1 & coins	Ded1 & coins
<b>Emergency Room</b>	\$100 copay, ded1 & coins	\$100 copay, ded1 & coins	\$100 copay, ded1 & coins	\$100 copay, ded1 & coins	\$100 copay, ded1 & coins	\$100 copay, ded1 & coins
<b>MISCELLANEOUS BENEFITS AND INFORMATION</b>						
<b>Ambulance</b>	Ded1 & 60% coins apply Max: 300 miles ground, \$5,000 air		Ded1 & 70% coins apply Max: 300 miles ground, \$5,000 air		Ded1 & 80% coins apply Max: 300 miles ground, \$5,000 air	
<b>DME</b>	Ded1 & coins	Ded1 & coins	Ded1 & coins	Ded1 & coins	Ded1 & coins	Ded1 & coins
<b>Transplants</b>	\$250,000 lifetime maximum		\$250,000 lifetime maximum		\$250,000 lifetime maximum	
<b>ADDITIONAL CHOICES AVAILABLE (RIDERS)</b>						
<b>Full Service PAR Vision</b>	\$20 copay, balance at 100% for PAR vision providers, 70% for non-participating providers					
<b>Prescription</b>	Four RegenceRx plans available: a) \$10/0%/50% coinsurance plan, b) \$10/\$20/\$40 copay plan, c) \$10/\$35/\$50 copay plan, and d) 50% plan (BlueEssentials available with c) and d) only)					
<b>Dental</b>	Dentacare, PAR Dental and Dental Fee-for-Service plans are available					
<b>Managed Chiropractic</b>	\$20 copay for ChiroNet providers only					
<b>Complementary Care</b>	Chiropractic, acupuncture, naturopathic care - \$20 copay with \$500 or \$1000 maximum per calendar year					

