

Michigan Tech J-1 Scholar Health Insurance Waiver Request and Comparability Worksheet 2023/2024

J-1 Scholars are not students.

Name: _____ Michigan Tech ID Number: _____

Check Applicable Situation Below:

- I have health insurance coverage through another source that meets the minimum standards set by the Michigan Technological University. This insurance waiver will be in effect for the academic year during which your program begins or until the comparable policy is no longer in effect. I understand that I can purchase the insurance policy available through Michigan Tech at any time during my program here. I also understand that a new waiver form must be filled out each year as long as I am at Michigan Tech. **Complete the Waiver Worksheet below by checking the appropriate boxes and attach a copy of your insurance identification card and policy.**
- I have health insurance through Michigan Tech as an employee.

Dependents:

- I am not accompanied by dependents.
- I am accompanied by the dependent(s) named below. I certify that my dependents are covered by the same insurance that covers me as noted above. I have attached copies of their insurance identification cards and policies as well. *List additional dependents on the back of this form.*

Name: _____ Michigan Tech ID Number: _____
Name: _____ Michigan Tech ID Number: _____
Name: _____ Michigan Tech ID Number: _____

Insurance Waiver Worksheet

All Must Be Met:

- Out-of-pocket maximum: Maximum \$6,350 per individual, \$12,700 per family.
- Deductible: Maximum \$750 per individual, \$1,500 per family.
- Medical Benefits must not contain a life maximum.
- Repatriation of remains: At least \$25,000.
- Medical Evacuation: At least \$50,000
- Prescription drugs: Required coverage.
- Mental health/psychotherapy: Must cover inpatient and outpatient as any other illness.
- Inpatient care, room and board, labs and x-ray, emergency room: Must cover at least 80% of charges – in network.
- Alcoholism and substance abuse: Must cover inpatient and outpatient as any other illness.
- Maternity/Pregnancy must be treated as any other condition if conception occurs during policy.
- Must cover waiver period.
- Cannot be travel insurance.
- Cannot require that the insured person return to home country for treatment.

Return this form with a copy of your insurance card to the Student Health Insurance Office, Lakeshore Center Second Floor or fax to 906-487-3220.

For questions or more information, contact us at: 906-487-1088 or studentinsurance@mtu.edu

I hereby certify that the above information is true and complete.

Signature: _____

Date: _____