U-M Health Insurance Standards and Insurance Waiver

If you have insurance that is comparable to the U-M International Student/Scholar Health Insurance (IHI), you can request a waiver of the health insurance requirement. If you plan to purchase insurance, please make sure your policy will meet these standards before you purchase it as many policies do not meet these requirements. Also, please remember that the IHI plan changes from time to time and so do the requirements for the approval of insurance waivers. Therefore, insurance that was acceptable in prior years may not be acceptable this year.

Applying for an Insurance Waiver

If you have another health insurance plan and you want to apply for a waiver, please make sure that your health insurance plan meets the standards below. Remember that coverage for all requirements must be available in the U.S.

U-M Health Insurance Standards

- The following kinds of insurance plans are not considered to be comparable to the U-M International Student/Scholar Insurance (IHI) and therefore are NOT acceptable:
  - **Travel insurance is not acceptable.** Travel insurance is in effect for a short period of time (60-90 days, for example) and is designed for short trips. Insurance that you plan to substitute for the IHI Plan should be in effect at least through August 31 of the current academic year unless you plan to leave the University permanently before then.
  - Insurance that covers emergencies only is not acceptable.
  - Insurance that pays for a patient's condition to be “stabilized” but then requires the patient to be returned to the home country for treatment is not acceptable.
  - Coverage under MediShare (or other forms of cost-sharing arrangements that are not true medical insurance) is not acceptable.
  - Insurance that does not cover or limits coverage for pre-existing conditions is not acceptable.
  - Medicaid is not acceptable as a substitute for the International Student/Scholar Health Insurance Plan, since F-1 and J-1 students or scholars are not eligible for Medicaid. Even if a Michigan Department of Health and Human Services staff member mistakenly enrolls an international student or scholar in Medicaid, an insurance waiver based on Medicaid enrollment will not be approved.
- Preventive care must be covered at 100% of usual and customary charges in the Ann Arbor, Michigan area. The IHI plan will include this coverage effective September 1, 2012, in order to comply with the Affordable Care Act. Insurance plans will not be considered comparable to the IHI plan unless they are also in compliance with the Affordable Care Act.
- **Pregnancy** must be treated as any other medical condition. Coverage for maternity/pregnancy must
be provided regardless of your age or gender, or the age or gender of your dependents (this is to be in compliance with federal antidiscrimination laws, specifically Title IX of Education Amendments of 1972, as amended by the Civil Rights Restoration Act of 1987). Insurance plans that exclude pregnancy coverage or severely limit it will not be accepted.

- Oral contraceptives must be covered at 100% of usual and customary charges in the Ann Arbor, Michigan area. The IHI plan will include this coverage effective September 1, 2012, in order to comply with the Affordable Care Act. Insurance plans will not be considered comparable to the IHI plan unless they are also in compliance with the Affordable Care Act.
- The insurance plan must provide medical benefits of $500,000 or more PER accident or illness. This amount must be available for each accident or illness. For example, a plan paying up to $250,000 for accident and $250,000 for illness would not be acceptable, or a plan that has a maximum benefit of $500,000 per policy year as opposed to per issue would not be acceptable either.
- The insurance plan must cover at least 80% of usual and customary charges in the Ann Arbor, Michigan area for hospital room, board, miscellaneous hospital expenses, physician expenses in and out of the hospital, ambulance service, outpatient labs, x-rays, and diagnostic tests. The plan may not contain specific limitations for the treatment of medical conditions relative to standard hospital or outpatient care. For example, an insurance plan that has limited coverage of hospital room and board to $500 or limited coverage of ambulance costs to $350 would not be acceptable.
- The insurance plan must cover at least 90% of usual and customary charges for prescription drugs.
- The insurance plan must have a deductible of no more than $100 per accident or illness, or $150 per policy year.
- The insurance plan must cover both inpatient and outpatient mental health treatment and must cover treatment for substance abuse (both alcohol and drug abuse.) This coverage must be comparable to the coverage provided by the IHI Plan. The IHI plan covers 100% of in-network charges for inpatient mental health treatment after a $150 co-pay per admission, and covers outpatient mental health treatment with a co-pay of $20 per visit (in network) or 80% of the recognized charge (not in network).
- The insurance plan must cover at least 90% of usual and customary charges for hospital room, board, miscellaneous hospital expenses, physician expenses in and out of the hospital, ambulance service, outpatient labs, x-rays, and diagnostic tests. The plan may not contain specific limitations for the treatment of medical conditions relative to standard hospital or outpatient care. For example, an insurance plan that has limited coverage of hospital room and board to $500 or limited coverage of ambulance costs to $350 would not be acceptable.
- The insurance plan must cover at least 90% of usual and customary charges for prescription drugs.
- The insurance plan must have a deductible of no more than $100 per accident or illness, or $150 per policy year.
- The insurance plan must cover both inpatient and outpatient mental health treatment and must cover treatment for substance abuse (both alcohol and drug abuse.) This coverage must be comparable to the coverage provided by the IHI Plan. The IHI plan covers 100% of in-network charges for inpatient mental health treatment after a $150 co-pay per admission, and covers outpatient mental health treatment with a co-pay of $20 per visit (in network) or 80% of the recognized charge (not in network).
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- The insurance plan must not contain major differences in coverage between the primary insured and dependents.
- The insurance plan must cover treatment related to suicide or attempted suicide.
- There must be a U.S. phone number for the insurance claims agent.
- The plan must have a “medical evacuation to home country” benefit of at least $50,000 and a “repatriation of remains” benefit of at least $25,000.
  - NOTE: If your plan meets all other requirements, you may purchase medical evacuation/repatriation coverage from the University of Michigan for $7.00 per person per policy year (September 1 through August 31). The Supplemental Repatriation and Medical Evacuation Insurance Enrollment Form can be filled out online.

If your insurance meets the requirements above and you can provide proof of this (such as your insurance plan's brochure), you can complete and submit a Health Insurance Waiver Request Form. If you are in Post-Completion Optional Practical Training (OPT), use the OPT Waiver Form. You can submit forms with supporting documents in person at the U-M International Center Health Insurance Office or email them to ihi@umich.edu. Please remember the insurance waiver requests cannot have a start date earlier than 30 days before the date you submit the form.

Special Note for Canadian Students: Health coverage provided by your Canadian province (OHIP, etc.) is not acceptable as a substitute for the U-M International Student/Scholar Health Insurance Plan because it does not pay for the actual U.S. costs of health care. Please refer to Health Insurance Information for Canadian Students and Scholars for more details.