

MEDICAL INSURANCE WAIVER REQUEST FORM

UC San Diego Division of Extended Studies medical insurance is required. In some cases, students can provide proof of their own insurance if it meets the following minimum requirements. To obtain a waiver, your insurance company must complete and submit this form at least 30 days before your program start date. **You must also provide a complete master policy written in standard English with benefits expressed in U.S. dollars.**

Please submit this completed form by email to deshealthandsafety@ucsd.edu.

1. Student Information:

Family Name _____ First Name _____

2. Medical Insurance Company Information:

Company Name _____ Policy Number _____

Date insured from month/day/year (e.g., JAN 01, 1979) _____ Date insured to month/day/year (e.g. JAN 01, 1979) _____

Important Note: Dates of insured coverage must include the entire length of the student’s program at UCSD.

3. Insurance Coverage Amounts (to be completed by insurance company only)

UC San Diego DES International Programs Minimum Required Benefits	Enter your plan’s coverage in U.S. dollars for each benefit (must equal or exceed UC San Diego Extended Studies Required Minimum Benefits)
At least \$500,000 per accident or illness, no annual or lifetime maximums	\$ _____ per accident or illness
At least \$25,000 repatriation of remains	\$ _____ for repatriation of remains
At least \$100,000 medical evacuation coverage	\$ _____ for medical evacuation
Maximum deductible of \$100 per person/per policy year in-network, \$200 per person/per policy year out-of-network	\$ _____ deductible per person, per policy year
Unlimited pre-existing condition coverage	_____ waiting period for pre-existing condition coverage
Unlimited mental health coverage	\$ _____ for mental health coverage
Prescription copays not to exceed \$50	\$ _____ maximum prescription co-pay amount
\$6,350 per person/ \$12,700 per family out-of-pocket maximum	\$ _____ maximum per person out-of-pocket maximum \$ _____ maximum per family out-of-pocket maximum
Maximum \$100 for ER copay, Maximum \$20 for Urgent Care or other visits	\$ _____ Emergency Room Co-Pay \$ _____ Urgent Care Co-Pay \$ _____ Other Visit Co-Pays (specialist, primary care, etc.)

Your plan must also meet ALL of the following requirements. **Your insurance agent must check the boxes below to certify that your plan meets each requirement, AND your master policy in English must provide proof of this coverage in order for your plan to be accepted.**

- This plan is [Affordable Care Act](#) (ACA) Compliant.
- This plan meets J-Visa requirements and is underwritten by an insurance company that possesses one of the following (check which option applies):
 - An A.M. Best rating of "A-" or above
 - An Insurance Solvency International, Ltd. (IS) rating of "A-1" or above
 - A Standard & Poors Claims Paying Ability rating of "A-" or above
 - A Weiss Research, Inc. rating of "B+" or above
- This plan has no annual or lifetime maximums.
- This plan has no waiting period or limits for pre-existing condition coverage.
- This plan has no waiting period or limits on mental health coverage, including substance use disorder treatment.
- This plan has a complete master policy written in standard English with benefits expressed in U.S. dollars (MUST be submitted along with this form in order for the waiver to be approved).
- This company has a claims payment office with an address and phone number in the United States.
- This plan covers medical services for injury from participation in all types of recreational activities/sports.
- The insurance company is billed directly for all services.

Required: English-speaking claims representative based in the U.S.:

Name

Phone

Address Street Suite Number

City Postal Code Country

*Required: Official Stamp from
Medical Insurance Company to
confirm coverage and dates*

