

U-M Health Insurance Standards and Insurance Waiver

Insurance Waiver

If you have health insurance that is comparable to the U-M International Student/Scholar Health Insurance Plan (IHI), you can request permission to substitute your health insurance for the U-M plan by requesting an “insurance waiver.”

- The standards used to determine whether an insurance plan is comparable are listed below. If you plan to purchase insurance, please make sure your policy will meet these standards before you purchase it since many policies do not meet these requirements.
- The U-M International Student/Scholar Health Insurance 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.
- You cannot use a combination of insurance plans to satisfy the insurance requirements.

APPLYING FOR AN INSURANCE WAIVER

- Submit a [Health Insurance Waiver Request Form](#) [1] in person at the [U-M International Center Health Insurance Office](#) [2] or email the form to ihi@umich.edu [3].
- If the plan you would like to substitute for the U-M International Student/Scholar Health Insurance Plan is unacceptable insurance or does not meet all of the basic requirements, your plan will not be evaluated further and your waiver request will be denied.
- Optional Practical Training students receiving health insurance from their employer should use the [OPT Waiver Form](#) [4]
- Be sure to include the required supporting documents listed on the form.
- Insurance waiver requests cannot have a start date earlier than 30 days before the date you submit the form.

U-M Health Insurance Standards

UNACCEPTABLE INSURANCE

The following kinds of insurance plans are never considered to be comparable to the U-M International Student/Scholar Health Insurance Plan (IHI) and therefore are **NOT acceptable**:

- Insurance that covers emergencies only, or 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.

- **Medicaid is not acceptable** as a substitute for the U-M International Student/Scholar Health Insurance Plan, since F-1 and J-1 students or scholars are not eligible for Medicaid. This includes “Healthy Michigan”, which is Michigan’s “Medicaid expansion”. Even if a Michigan Department of Health and Human Services staff member mistakenly enrolls an international student or scholar in Medicaid or in Healthy Michigan, an insurance waiver based on Medicaid or Healthy Michigan enrollment will not be approved.
- **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](#) [5] for more details.

A note about travel insurance: in most cases, insurance plans that are called “travel insurance” are designed for short trips and will not meet the requirements listed below. If you purchase travel insurance, please remember that you probably will not be able to substitute it for the U-M International Student/Scholar Health Insurance Plan.

BASIC REQUIREMENTS

Any insurance plan that you would like to substitute for the international plan must:

- Comply with the Affordable Care Act.
 - This means, for example, that your insurance plan
 - **Cannot have an annual or lifetime limit on benefits.**
 - **Must have 100% coverage for preventive care.**
 - **Cannot exclude or limit coverage for pre-existing conditions.**
- Comply with federal antidiscrimination laws, specifically Title IX of Education Amendments of 1972, as amended by the Civil Rights Restoration Act of 1987.
 - This means, for example, that **your insurance plan must cover maternity/pregnancy** regardless of your age or gender, or the age or gender of your dependents. Insurance plans that exclude pregnancy coverage or severely limit it will not be accepted.
- Directly pay the provider or pharmacy in the U.S. for services rendered. **There must be a U.S. phone number for the insurance claims agent.** Plans where you pay the health care provider then the insurance company reimburses you are not acceptable.
- Be in effect at least through August 31 of the current academic year unless you plan to leave the University permanently before then.

REQUIRED COVERAGE

Your insurance policy MUST offer the following benefits:

- The insurance plan must have a **deductible** of no more than \$100 per policy year, or \$200 per policy year for families.
- 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**.
- **Preventive care** must be covered at 100% of **usual and customary charges in the Ann Arbor, Michigan area**.
- Oral contraceptives must be covered at **100% of usual and customary charges in the Ann Arbor, Michigan area**.
- **Pregnancy** must be treated as any other medical condition. Insurance plans that exclude pregnancy coverage or severely limit it will not be accepted.
- 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 treatment for **self-inflicted injuries** and services related to suicide.
- The insurance plan must not contain major differences in coverage between the primary insured and **dependents**.
- 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.
 - If your plan does not include medical evacuation/repatriation benefits, they can be purchased separately. Fill out the [Medical Evacuation and Repatriation Insurance Enrollment form](#) [6] and submit the form to the [U-M International Health Insurance Office](#) [2].

Source URL: <https://internationalcenter.umich.edu/resources/healthins/waiver>

Links

[1] https://internationalcenter.umich.edu/sites/default/files/forms/IntlIns_WaiverForm.pdf

[2] <https://internationalcenter.umich.edu/resources/healthins/hours>

[3] <mailto:ihi@umich.edu>

[4] <https://internationalcenter.umich.edu/sites/default/files/forms/OPTwaiverForm.pdf>

[5] <https://internationalcenter.umich.edu/resources/healthins/canada>

[6] <https://internationalcenter.umich.edu/sites/default/files/forms/medevac.pdf>