

MEDICAL INSURANCE COMPLIANCE FOR INTERNATIONAL STUDENTS

International students must comply with the Florida Board of Governors rule requiring all international students to have medical insurance in order to register or enroll in classes. Rule 6.009(2) provides that, “no international student in F or J non-immigrant status shall be permitted to register, or to continue enrollment, at a university without demonstrating that the student has adequate medical insurance coverage for illness or accidental injury and which includes the following minimum requirements” which are discussed in detail on page 3 of this document. Specifically, this rule requires that insurance policies must provide, at a minimum, continuous coverage for the entire period that the insured is enrolled as an eligible student, including breaks between or during terms (for students enrolled in more than one term/semester, this means a full year). Further, payment of benefits must be renewable.

It is your responsibility to secure the required medical insurance each semester. Failure to do so may prevent you from registering for classes, may result in administrative “holds” on your University records or could result in complications and/or violation of your immigration status.

Health care and medical service in the U.S. is generally not socialized, but rather is privately funded and can be very expensive. This is why students must have personal medical insurance. The University has limited health care services on campus which can be utilized only for basic health care needs.

International students have two options for medical insurance coverage:

OPTION 1: Enrollment in FGCU International Student Medical Insurance Plan:

Florida Gulf Coast University offers an approved medical insurance plan available to all students. As a service to our students, the applicable insurance premium costs will be posted on your FGCU student account EACH semester. Students should be prepared to pay for this insurance premium when arriving to the university and at the beginning of each subsequent semester. The insurance premiums (costs) are determined annually by the insurance provider. For the 2018-2019 academic year, premium rates are: **\$925** for the fall semester, **\$1,437** for spring/summer, **\$802** for spring semester only (permitted in special circumstances only), and **\$2,362** for the academic year. Premium rates are subject to change each year.

Payment of Insurance Premium: The FGCU International Student Medical Insurance Plan premium payment deadline is: **Friday, August 23, 2019** for fall semester 2019 and **Friday, January 10, 2020** for spring and spring/summer semesters 2020. The insurance premiums must be paid in full by personal check, money order or credit card by that date (coinciding with FGCU tuition and fee payment deadline) through the FGCU cashier’s office located in McTarnaghan Hall (first floor) or via your GULFLINE account.

OPTION 2: Alternative Medical Insurance Coverage:

If you prefer to provide evidence of comparable medical insurance through another company that meets the State requirements, you may do so. Students must provide this evidence **EACH** semester. Please read the enclosed instructions on the FGCU International Student Medical Insurance Compliance Form (page 3) which also outlines the **minimum** requirements established by the State of Florida. Although you may have some form of medical insurance, the University can only accept your insurance if it meets our requirements. Many medical insurance programs do not meet the Florida minimum requirements; we suggest you first confirm if your insurance will meet our requirements through the compliance form process prior to purchasing other insurance.

Your insurance **must** be in effect as of **August 19, 2019** (for fall semester 2019) and **January 6, 2020** (for spring and spring/summer semesters 2020) and throughout your continuous enrollment at FGCU.

Instructions to submit the “International Student Medical Insurance Compliance Form” (see page 3):

1. Instructions to submit the “International Student Medical Insurance Compliance Form” (see page 3):
2. Complete the student information section.
3. Submit the form to your medical insurance provider for completion.
4. When the medical insurance provider has completed the form, it must be submitted to the FGCU International Services Office (see contact information below) by the indicated deadlines below.
5. You should retain a copy of the compliance form for your records.
6. The International Services Office will review your completed compliance form and notify you (generally via email) by August 8, 2019 for the fall semester or December 10, 2019 for spring and spring/summer semester if your insurance meets the State of Florida and university requirements.
7. **If we do NOT accept your insurance compliance form**, we are required to enroll you in the FGCU International Student Medical Insurance Plan and you are responsible for timely payment of the premium cost to your student account.
8. **If we accept your insurance compliance form**, you will not be required to enroll in the FGCU International Student Medical Insurance Plan and no medical insurance premiums will be posted to your student account.

DEADLINE TO SUBMIT INTERNATIONAL STUDENT MEDICAL INSURANCE COMPLIANCE FORM

For Fall 2019 Semester: AUG 1, 2019 For Spring and Spring/Summer 2020 Semester: DEC 1, 2019

Florida Gulf Coast University
International Services Office
10501 FGCU Blvd. South
Fort Myers FL 33965-6565 USA

Office Contact: Carey Fells
Phone: (239) 590-7925
Fax: (239) 590-7977
Email: cfells@fgcu.edu

INTERNATIONAL STUDENT MEDICAL INSURANCE COMPLIANCE FORM

You **must** submit the completed form via the following:

MAIL TO: International Services Office, 10501 FGCU Blvd South, Fort Myers, FL 3396-6565 or FAX TO: 239-590-7977 or SCAN/EMAIL TO: internationalservices@fgcu.edu

TO BE COMPLETED BY STUDENT

LAST NAME, First Name _____

FGCU UIN _____ Date of Birth _____

Current address _____

Email _____ Local Phone # _____

SELECT YOUR VISA TYPE

From item #5 of I-20 (F-1) or item #3 of your DS-2019 (J-1):

Program Start Date: _____ Program End Date: _____

I authorize my insurance company to release the information on this form to Florida Gulf Coast University (FGCU). I understand:

1. ___ The international insurance requirements established by FGCU and I agree to abide by them.
2. ___ Alternate insurance policies are approved for limited periods not exceeding one academic year and the requirements for alternate policy coverage are subject to change.
3. ___ I must have my policy information re-certified EACH semester.
4. ___ Failure to have continuous coverage which meets the minimum requirements outlined on the attached checklist will result in a hold being placed on registration and I will be dropped from enrollment at FGCU.
5. ___ If the alternate insurance coverage is not approved, this does not mean FGCU or any of its employees recommend that I cancel any existing, pending, or proposed insurance coverage. A denial only implies that the policy presented does not meet the minimum requirements established by FGCU and the State of Florida with respect to specific medical insurance coverage criteria required for registration and/or enrollment.

I have read and understood the above requirements and agree to abide by them.

Student Signature

Date

TO BE COMPLETED BY FGCU ISO REPRESENTATIVE

APPROVED until date _____ Student notified: _____

DENIED Select Reason for Denial

If other: _____

ISO Representative Signature

Date

TO BE COMPLETED BY INSURANCE COMPANY REPRESENTATIVE (Please Print)

Insurance Company Name _____

Policy # _____ Coverage start/end date (MM/DD/YY) _____ to _____

U.S. Claims Agent/phone number _____

Answer YES or NO to each of the following:

1. ___ Coverage Period: Policies must provide, at a minimum, continuous coverage for the entire period the insured is enrolled as an eligible student, including annual breaks during that period. Payment of benefits must be renewable.
2. ___ Basic benefits: room, board, hospital services, physician fees, surgeon fees, ambulance, outpatient services and outpatient customary fees must be paid at 80% or more of usual, customary, reasonable charge per accident/illness, after deductible is met for in-network, and 70% or more of usual, customary, or reasonable charge for out-of-network providers per accident/illness.
3. ___ Minimum coverage: \$200,000 for covered injuries/illnesses per policy year.
4. ___ Inpatient mental health care must be paid at 80% in-network or 60% out-of-network of the usual and customary fees within a minimum of 30-day cap per benefit period.
5. ___ Outpatient mental health care must be paid at 80% in-network or 60% out-of-network of the usual and customary fees for a minimum of 30 (preferably 40) sessions per year.
6. ___ Maternity benefits must be treated as any other temporary medical condition and paid at no less than 80% in-network or 60% out-of-network of the usual and customary fees.
7. ___ Inpatient/Outpatient prescription medication offers coverage of \$1,000 or more per policy year.
8. ___ Exclusion of pre-existing conditions: First six months of policy period, at most.
9. ___ Deductible: maximum of \$50 per occurrence if treatment or services are rendered at the Student Health Center, maximum of \$100 per occurrence if treatment or service is rendered at an off-campus ambulatory care or hospital emergency department facility.
10. ___ Policy must not unreasonably exclude coverage for perils inherent to the student's program of study.
11. ___ Repatriation: \$25,000 (coverage to return the student's remains to his/her native country)
12. ___ Medical evacuation: \$50,000 (to permit the patient to be transported to his/her home country and to be accompanied by a provider or escort, if directed by the physician in charge).
13. ___ Policy provisions must be available from the insurer in English.
14. ___ Claims must be paid in U.S. dollars payable on a U.S. financial institution.
15. ___ Insurance Carrier must, at a minimum, meet the rating requirements specified in Part 62.14(c)(1) of the Title 22 of the Code of Federal Regulations, regulating U.S. Department of State Exchange Visitor Program (EVP).

INSURANCE CARRIER:

Pertaining to the regulations governing the U.S. Department of State EVP, please identify which rating applies to this insurance:

- ___ Underwritten by an insurance corporation with an A.M. Best rating of "A-" or above; a McGraw Hill Financial/Standard & Poor's Claims-paying Ability rating of "A-" or above; a Weiss Research, Inc. rating of "B+" or above; a Fitch Ratings, Inc. rating of "A-" or above; a Moody's Investor Services rating of "A3" or above; or such other rating as the Department of State may from time to time specify; OR
___ Backed by the full faith and credit to the government of the exchange visitor's home country; OR
___ Part of a health benefits program offered on a group basis to employees or enrolled students by a designated sponsor; OR
___ Offered through, or underwritten by, a federally qualified Health Maintenance Organization (HMO) or eligible Competitive Medical Plan (CMP) as determined by the Centers for Medicare and Medicaid Services of the U.S. Department of Health and Human Services.

INSURANCE COMPANY REPRESENTATIVE, by signature, I attest this policy covers the above basic benefits. I certify that the coverage is now in force and if the policy is terminate, I will notify FGCU ISO immediately. I understand that FGCU is relying on this information to permit the student to register or continue enrollment.

Name _____ Signature _____

Title _____ Date _____ Telephone _____ Email: _____