

Health Insurance Requirements for Full-Time IEP students

All full-time students and their dependents participating in the English Language Institute's Intensive English Program **must maintain adequate health insurance coverage during their studies.**

Using the Proof of Health Insurance Coverage Form, you must provide proof of health insurance coverage by the end of the first week of classes. If you do not provide proof of coverage by this deadline you cannot attend your classes. You will be deregistered from the term and you will not be able to reenroll until after you provide proof of coverage.

Minimum Coverage Requirements

You are required to have medical insurance coverage with the following minimum benefits:

Category	Minimum Requirements
US Coverage:	Insurance must be valid in the U.S.
Medical Benefits:	At least \$100,000 medical benefits coverage for each accident/illness (per U.S. Dept. of State recommendations)
Co-insurance / Co-pay:	Minimum 80% co-insurance (recommended is 90%, where Student must pay no more than 10%)
Medical Evacuation:	Medical Evacuation coverage at least \$50,000 (per U.S. Dept. of State recommendations)
Repatriation:	Medical Repatriation or Repatriation of remains coverage at least \$25,000 (per U.S. Dept. of State recommendations)
Daily limits:	No daily capped benefits (i.e.: limits on daily hospital expenses)
Category	Recommended Requirements
Deductible:	Maximum deductible of \$500 per year
Exclusions:	Insurance cannot exclude major illnesses (i.e.: cancer) or conditions. Pregnancy coverage strongly recommended.

Obtaining Health Insurance Coverage

Acceptable health insurance policies include:

- Policies for students sponsored by their home government or the U.S. government (e.g. SACM)
- [HTH Worldwide](#) (HTH Global Navigator for Students plan)
- [International Student Insurance](#) (Select plan or Elite plan)
- Students covered with a U.S. policy through their own or a family member's employment that meet the minimum coverage requirements
- Another U.S. health insurance provider that meets the minimum coverage requirements

Why you need health insurance¹

As an international student, you are not eligible for any federal or state welfare assistance, and if you are uninsured, you are held legally responsible for paying all your medical expenses. Medical care in the U.S. is extremely expensive. Treatment costs for a simple broken wrist can exceed \$500. A routine surgical procedure, such as an appendectomy, can cost as much as \$10,000. Without insurance, you might experience financial ruin resulting from a serious accident or illness. This could prevent you from completing your studies in the U.S.



PROOF OF HEALTH INSURANCE COVERAGE FORM

Full-Time IEP students

Today's Date: _____

STUDENT INFORM

Name: _____

First

Last

SHU ID

TERM

☐ Fall 1 ☐ Spring 1 ☐ Summer

☐ Fall 2 ☐ Spring 2

INSTRUCTIONS: Submit this form and all documentation **every term** to Hala Alkasm, alkasmh@sacredheart.edu

1. Have you selected one of the following pre-approved health insurance plans:

☐ SACM health insurance plan

☐ International Student Insurance: Select Plan

☐ HTH Global Navigator for Students

☐ International Student Insurance: Elite Plan

☐ No, I will submit a different U.S. health insurance policy for review

2. Provide a copy of your insurance policy. ☐ Copy provided

3. Provide a copy of your health insurance card. ☐ Copy provided

4. Respond to the following questions:

a) Is your insurance policy valid during your current IEP term?

☐ Yes ☐ No

b) What are your dates of coverage? ____/____/____ to ____/____/____
mm dd yyyy mm dd yyyy

c) Does your insurance policy include at least \$100,000 for the Period of Coverage Maximum Benefits? ☐ Yes ☐ No

d) Does your insurance policy include a minimum co-insurance rate or 80% ☐ Yes ☐ No

e) Does your insurance policy include at least \$50,000 in medical evacuation coverage? ☐ Yes ☐ No

f) Does your insurance policy include at least \$25,00 in medical or repatriation of remains coverage? ☐ Yes ☐ No

g) Can you confirm that your plan does not cap daily benefits? ☐ Yes ☐ No

h) Does your insurance policy include a maximum deductible of \$500 per year? ☐ Yes ☐ No

i) Does your insurance policy include major illnesses or conditions? ☐ Yes ☐ No

5. Read and sign the following statement:

I acknowledge that by submitting this questionnaire I will be solely responsible for all medical and emergency assistance expenses incurred by me and/or my accompanying spouse and/or dependents, if any. I understand that SHU will not be responsible for any medical or emergency assistance expenses that incur during my enrollment in a SHU program. I certify that all information contained in this form is true and correct. I am not providing false or misleading information to SHU and I am responsible for adhering to the policies and procedures listed on this form. I certify that my international health insurance coverage will remain active for the entire duration of my SHU program.

Signature _____

Date _____