



COLLEGE of
CHARLESTON

CENTER FOR
INTERNATIONAL EDUCATION

College of Charleston Checklist for Coverage

Criteria	My Plan
1. My policy will provide coverage to me while I am in the United States.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. My coverage will stay active while I am attending the College of Charleston for the 2017 policy year.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. There is no Maximum Dollar Limit on my Policy.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. My policy provides emergency and non- emergency health care as well as in-patient mental health care benefits.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. My current policy does not have a deductible greater than \$100 per insured person, per policy year.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. My current policy includes medical evacuation of no less than \$50,000.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. My current policy includes repatriation of remains no less than \$25,000.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. My plan covers pre-existing conditions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. My policy provides coverage for prescription drugs.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. My policy provides no less than 70% reimbursement of claims in or out of network.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. POLICY BENEFIT INFORMATION NEEDS TO BE AVAILABLE IN ENGLISH IN ORDER FOR US TO REVIEW	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>**This section is for College of Charleston Athlete's only**</i>	
12. My policy covers injuries due to Intercollegiate Sports.	<input type="checkbox"/> Yes <input type="checkbox"/> No