



COLLEGE of CHARLESTON

CENTER FOR
INTERNATIONAL EDUCATION

Insurance Waiver Requirements Checklist

You must be able to answer YES to ALL questions for your waiver to be approved.

Criteria	My Plan
1. My policy will provide coverage to me the entire time 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 2018-2019 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 \$100.00 USD 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 \$50,000.00 USD.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. My current policy includes repatriation of remains no less than \$25,000.00 USD.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. My policy 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 80% reimbursement of claims in network as well as no less than 70% reimbursement of claims out of network, for both emergency and non-emergency care.	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. I understand my current policy information must be provided from my insurer in English, and is to be submitted along with my waiver request form.	<input type="checkbox"/> Yes <input type="checkbox"/> No