

Health Insurance Information

International Students

Health services can be extremely costly without adequate insurance coverage. Therefore, **all international students at the University of Tennessee at Chattanooga must obtain health insurance** to be protected against any potentially expensive health care costs. The following information summarizes UTC's insurance procedures and requirements for international students:

- **All international students are automatically enrolled in the UTC Student Health Insurance**
- Enrollment into the insurance program occurs on a per semester basis.
- International students may waive the cost of the UTC student health insurance if they have obtained other insurance coverage prior to required deadlines. The purchased insurance must **meet the university mandated criteria** as stated on the attached **INTERNATIONAL STUDENT INSURANCE WAIVER FORM**. **If you choose to purchase alternative health insurance, the completed waiver and additional required information must be submitted to Student Health Services prior to each semester deadline.**
- Information about UTC Student Health Insurance is available at <https://www.studenthealthprograms.com/>
- The checklist for waiver requirements, deadline for waiver requests submissions, and coverage periods are stated on the waiver form. Students requesting a waiver of UTC insurance should read the document in its entirety, follow the directions accurately and submit the information in a timely manner.
- If students have questions and concerns about UTC Student Health Insurance or International student insurance waivers, please email studenthealthservices@utc.edu or call Student Health Services at (423) 425-2266.

Policy Highlights and Costs

Learn more and enroll at www.studenthealthprograms.com

THE 2015-2016 STUDENT INJURY AND SICKNESS INSURANCE PLAN Designed Especially for Students of the University of Tennessee at Chattanooga

In-Network Benefit Summary and Annual Rate

Deductible	\$500
Coinsurance	80%
Out of Pocket Maximum	\$6,350
Maximum Benefit Amount	Unlimited
Office Visit Copay	\$25
Prescription Copay tiers 1/2/3	\$20/\$50/\$80
Wellness as defined by ACA	100%
Network	UHC Choice Plus
Metallic Tier	Gold
Annual Student Rate	\$1,680.00

As a participant in the UnitedHealthcare Student Resources Health Plan you will have access to:

- Specialized care programs and services when you have serious health concerns
- UnitedHealthcare's preferred provider network including over 660,000 doctors and health professionals and 5,200 hospitals
- Optional dental coverage for you and your family
- Discounts on a wide range of health related products and services through UnitedHealth Allies
- Access to *NurseLine*, where Registered Nurses with an average of 20 years of experience are available to address your questions or concerns 24 hours a day

Medical Premiums

(if adding a dependent, premiums are to be added together)

	<i>Annual</i>	<i>Fall</i>	<i>Spring/Summer</i>
	<i>8/1/15-7/31/16</i>	<i>8/1/15-12/31/15</i>	<i>1/1/16-7/31/16</i>
Student	\$1,680	\$700	\$980
Spouse	\$1,680	\$700	\$980
One Child	\$1,680	\$700	\$980
Two or more Children	\$3,360	\$1400	\$1,960
Spouse + two or more Children	\$5,040	\$2,100	\$2,940

LAST NAME (PRINT) _____

UTC ID _____

UNIVERSITY OF TENNESSEE AT CHATTANOOGA: *HEALTH INSURANCE WAIVER REQUEST*
Spring/Summer SEMESTER 2015-2016 Academic Year
Deadline for Submission: December 7, 2015

INTERNATIONAL STUDENTS WITH OWN INSURANCE


TO BE ELIGIBLE FOR A WAIVER, YOU MUST SUBMIT PROOF OF INSURANCE MEETING ALL OF THE FOLLOWING CHECKLIST REQUIREMENTS. This will require a copy of your insurance plan and a copy of payment processed. Providing a copy of your insurance card is not sufficient proof of coverage that meets these requirements.

- _____ Coverage of at least \$500,000 per accident/illness
- _____ Coverage for pregnancy cannot be excluded
- _____ Deductible not to exceed \$500 per accident/illness
- _____ Repatriation coverage of at least \$20,000
- _____ Medical evacuation coverage of at least \$50,000
- _____ A waiting period for pre-existing conditions of less than 13 months
- _____ Requires student to pay less than 25% per accident/illness
- _____ A.M. Best Rating of "A-" or better or Standard & Poors Rating of "A+" or better
- _____ All information MUST be provided in English and US Dollars
- _____ Coverage period is dated as required
- _____ Proof of insurance and payment of insurance plan are attached to this waiver

DEADLINE FOR WAIVER REQUESTS:

The official documents (including a letter from your insurance company clearly stating your coverage information and dates) must be received by UTC Student Health Service by December 7, 2015 **for the spring/summer semesters, 2015-2016 academic year**, in order to be waived out of the mandatory insurance plan. Requests for a waiver after the stated deadline **WILL NOT** be accepted, and you will be responsible for paying the **FULL** semester's costs of UTC's student health insurance.


The student agrees to purchase and maintain insurance throughout the school year and understands all non-immigrant international students **must have** uninterrupted insurance while at The University of Tennessee at Chattanooga. Failure to have uninterrupted coverage will result in the loss of the waiver privilege and could be a violation of the immigration status. The university does not provide informational or claims assistance for any insurance other than the UTC sponsored student health insurance. Approving this waiver is not an endorsement of the alternate insurance policy. **WAIVERS ARE APPROVED ON A SEMESTER-BY-SEMESTER BASIS AND MAY BE DENIED IN THE FUTURE.**

I understand and agree to everything listed above. I have compared the UTC insurance policy with this policy and understand the differences between the two policies. _____  **initial here**

COVERAGE PERIODS MUST BE AS FOLLOWS:

Spring Term: January 1 – May 31, 2016 (for graduating students)

Spring/Summer Term: January 1 – July 31, 2016 (for students remaining in school during the summer)

I understand that these are mandatory coverage periods in which continuous insurance coverage MUST be maintained. I have attached proof of insurance (e.g. a copy of your insurance card) as well as a copy of my insurance policy/brochure to this form. _____  **initial here**

(Please print clearly and complete all information)

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

Phone: (Area Code) _____ UTC EMAIL: _____

DATE OF BIRTH (MM/DD/YYYY): _____ UTC ID: _____

Student Signature

DATE: _____

Please send this completed form and additional information, as required, to our office (Student Health Services) located at 207A Maclellan Gymnasium on the campus of UTC.

**Mailing address:
Student Health Services, Department 6856
615 McCallie Avenue
Chattanooga, TN 37403 USA**

We will also accept scanned electronic copies of original documents; email to Studenthealthservices@utc.edu.

Please email questions or concerns to Studenthealthservices@utc.edu or call Student Health Services at (423) 425-2266.

IMPORTANT NOTE – PLEASE READ CAREFULLY

STUDENTS ARE NOT CHARGED FOR OFFICE VISITS TO STUDENT HEALTH SERVICES; HOWEVER IF YOUR VISIT REQUIRES ADDITIONAL EXAMS, TESTS, OR LABS, THE STUDENT IS EXPECTED TO PAY FOR THESE SERVICES AT THE TIME OF THE VISIT. WE DO NOT ACCEPT INSURANCE BUT WILL PROVIDE YOU WITH THE INFORMATION NECESSARY SO THAT YOU CAN FILE WITH YOUR INSURANCE COMPANY FOR REIMBURSEMENT. THIS DOES NOT GUARANTEE REIMBURSEMENT; YOU MUST CHECK WITH YOUR INDIVIDUAL INSURANCE COMPANY FOR SPECIFIC DETAILS. CO-PAYMENTS AND DEDUCTIONS SHOULD ALSO BE CONSIDERED. _____ initial here

----- **STUDENT HEALTH SERVICES USE ONLY** -----

Last Name _____ First Name _____ UTC ID _____

1. Coverage amount per accident/illness: _____
2. Coverage for pregnancy included: _____
3. Deductible not to exceed \$500: _____
4. Repatriation coverage amount: _____
5. Medical evacuation coverage: _____
6. Waiting period for pre-existing conditions: _____
7. Student is required to pay _____ percent of the covered benefits per accident/illness
8. The insurance company underwriting the policy rating: _____
9. Information provided in English _____ and US Dollars _____
10. Coverage period is dated as required. From _____ To _____
11. Proof of insurance and payment for insurance plan are attached _____

Date waiver request received: _____ Waiver received by: _____

Waiver request has been:

Approved _____ (This waiver expires on _____ and must be renewed **ON A SEMESTER-BY-SEMESTER BASIS AND MAY BE DENIED IN THE FUTURE.**)

Denied _____

Reason for denial:

Waiver approved/denied by _____ Date _____

Date decision forwarded to student _____