LewerMark Student Insurance

International Student Health Insurance Waiver Request

I already have health insurance. How can I waive out of the LewerMark plan?

You can waive out of the LewerMark plan if you meet one of the two requirements below:

1. *Your parent/spouse is employed by a United States based company that provides Affordable Care Act (ACA) compliant coverage that you are covered under. This plan must meet or exceed the LewerMark plan and be valid in the United States.*
2. *You are currently authorized for Curricular Practical Training (CPT) and are covered by an Affordable Care Act (ACA) compliant coverage by your employer. This plan must meet or exceed the LewerMark plan and be valid in the United States.*
3. *You arrived in the United States with health insurance because you participate in a government exchange student program, such as SACM.*

The following will not be accepted:

1. *A plan provided in your home country.*
2. *An emergency-based plan.*
3. *A travel plan.*

To be eligible to waive out of the LewerMark plan, you must submit your full policy and proof of coverage showing the following requirements are met:

- If submitting a U.S. based insurance policy, it must be Affordable Care Act (ACA) compliant.
- If submitting a non-U.S. based policy, the plan must meet or exceed the LewerMark plan. Requirements are including but not limited to:
  - The policy must be written in English and benefit amounts must be in U.S. dollar (USD) currency
  - Mental Health: 30 visits outpatient, 30 days inpatient
  - Pre-Existing Conditions: coverage up to the policy max after 6 months
  - Annual Maximum: $250,000 USD
  - A deductible may not exceed $500 USD
  - At least $25,000 USD for repatriation
  - At least $50,000 USD for medical evacuation
  - COVID-19 testing and treatment coverage
  - Self-Inflicted Injuries: $10,000 USD

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Student name (First/Last): _____

Name of school: _____

Student E-mail Address: _____

Student I.D. Number: _____

Reason for waiver request (check one):

☐ 1. My parent or spouse is living/working in the USA and has medical insurance coverage for me that is Affordable Care Act (ACA) compliant.

☐ 2. I am currently authorized for Curricular Practical Training (CPT) and I am covered by an ACA compliant coverage by my employer.

☐ 3. I am a sponsored student and have medical insurance coverage from my sponsoring agency or home government.

Important!

Insurance plans offered by the following companies will not be accepted in any circumstances to obtain a waiver: HCC, IMG, ISI, ISO, ISP, GBG, PGH, PSI.

(Please note: this is only a partial list of plans that are not acceptable waivers).

My Current Insurance Plan Information

Name of insurance company: _____

Policy or insurance number: _____

Address of insurance company: _____

Start date of coverage: _____ End date of coverage: _____

Amount of annual maximum coverage: _____

Amount of coverage for repatriation: _____

Amount of coverage for medical evacuation: _____

Amount of coverage for mental health: _____

Coverage for COVID-19 testing and treatment: Y ☐ N ☐

Policy is in English? Y ☐ N ☐

Customer service phone number: _____

Name of policy owner (primary insured person): _____

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I understand that:

- A denied waiver request or failure to provide complete and accurate information will result in my automatic enrollment in the LewerMark plan.
- If I do not submit all required documents before the deadline, I will automatically be enrolled in the LewerMark plan.
- If I do not provide complete and accurate information in my waiver request, my waiver request will be denied, and I will automatically be enrolled in the LewerMark Plan.
- If my personal insurance coverage ends for any reason, it is my responsibility to notify the International Office at my school.
- I understand that a waiver request is required to be submitted each academic year.
- **If my waiver is approved any medical expenses I incur are my responsibility and my school and/or LewerMark assume no liability.**

SIGNATURE _____ DATE _____

To be eligible to waive out of the LewerMark plan, you must email an electronic copy of your full policy and proof of coverage and this completed and signed form to waivers@lewermark.com. If you have additional questions about waiving out of the LewerMark insurance plan, please email waivers@lewermark.com.