Health Insurance Information

Students with F-1 or J-1 visas are required to show university-approved health insurance coverage for the entire ELI term (NOT month-by-month). You will not be allowed to attend classes without it.

We strongly recommend that you buy insurance when you arrive. You can buy UnitedHealthcare StudentResources for $209 per month, or you can look at other plans on the UF International Center website: goo.gl/fiHhwt.

If you choose to buy insurance in your country, you must verify that your plan meets the below requirements. **If your plan does not meet the requirements, you must buy university-approved insurance.**

**Proof of Comparable Coverage**

**PLEASE NOTE:** Travel plans, County Medical Service Plans (CMSP), indemnity plans, short-term plans, and supplemental or reimbursement plans will not be accepted as comparable coverage.

☐ 1. Your plan does not have any limitations or exclusions on pre-existing conditions.
☐ 2. Your plan covers hospital stays for medical and surgical care and for mental health conditions.
☐ 3. Your plan covers doctor office visits for medical and mental health conditions.
☐ 4. Your plan covers prescriptions written by a doctor (If you are covered for prescription benefits through a third party vendor — Merck Medco, CVS Caremark, Express Scripts, etc., that is acceptable).
☐ 5. Access to a provider network within approximately an 80 mile radius of the student’s home campus is available. Coverage must be available for routine, diagnostic, urgent and hospital care. Coverage for urgent or emergency care IS NOT sufficient.
☐ 6. Your plan covers services related to injury from participation in all types of recreational activities or recreational sports, excluding intercollegiate athletics.
☐ 7. If your plan has an annual deductible, EITHER:
   ☐ It must be equal to or less than $1,500; OR
   ☐ You confirm you have financial means to meet the higher deductible amount
☐ 8. If you are female, EITHER:
   ☐ It covers maternity care, including prenatal care and delivery with no pre-existing condition limitations; OR
   ☐ You confirm you have financial means to cover maternity care, including prenatal care and delivery
☐ 9. Your plan provides coverage for diagnostic services including laboratory tests.
☐ 10. Your plan pays at 70% or more of usual, customary, reasonable charge per accident or illness, after deductible is met, for in-network, and 50% or more of usual, customary, and reasonable charge for out-of-network providers per accident or illness.
☐ 11. Your plan includes repatriation of remains in the amount of $25,000 or more.
☐ 12. Your plan covers expenses associated with the medical evacuation of exchange visitors to his or her home country in the amount of $50,000 or more.