

Health Insurance Information

Students with F-1 or J-1 student visas are required to show the ELI proof of health insurance coverage for illness or accidental injury. You will not be allowed to attend classes without it. You can either buy insurance in the US or buy it in your country.

We strongly recommend that you buy insurance when you arrive at the university. You can buy a UnitedHealthcare plan for \$187 per month, or you can look at other plans on the UF International Center website at goo.gl/fiHhwt.

If you choose to buy insurance in your country, your insurance company must verify that your plan meets the below requirements.

These requirements are not flexible. If your insurance company cannot prove that your plan meets the requirements, you must buy insurance through the university.

Eligibility Requirements

Name of Company: _____

Name of Insurance Plan: _____

This plan...

- 1. Is NOT travel insurance.
- 2. Is NOT a reimbursement plan. It has a billing address in the US and does not require you to pay up front.
- 3. Does not have any pre-existing condition limitations.
- 4. Covers hospital stays for medical and surgical care and for mental health conditions.
- 5. Covers doctor office visits for medical and mental health conditions.
- 6. 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.)
- 7. Has Access to a provider network within approximately an 80 mile radius of the student's home campus. Coverage must be available for routine, specialty, diagnostic, urgent and hospital care. Coverage for urgent or emergency care only IS NOT sufficient.
- 8. Covers services related to injury from participation in all types of recreational activities or recreational sports, excluding intercollegiate athletics.
- 9. 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
- 10. If you are female, EITHER:
 - Your plan 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
- 11. Provides coverage for diagnostic services including laboratory tests.
- 12. 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.
- 13. Includes repatriation of remains in the amount of \$25,000 or more.
- 14. Covers Expenses associated with the medical evacuation of exchange visitors to his or her home country in the amount of \$50,000 or more.

Insurance Company Representative Name: _____

Insurance Company Representative Signature: _____

Date: _____