INTERNATIONAL STUDENTS ONLY

ALL INTERNATIONAL STUDENTS are required to have health insurance in order to attend the University of Iowa. International students will be automatically billed for a student-only policy under SHIP. Coverage and premium charges will begin the first of the month in which the student is registered and class begins. International students must have insurance beginning the first day of classes and, therefore, will be billed for the months of August and January.

Coverage will extend over the summer unless the student graduates. Students who are pre-registered for fall, but will be out of the U.S. over the summer must bring proof of travel to the University Benefits Office prior to departure in order to avoid being billed for summer insurance premiums.

ADDING DEPENDENTS: If you have a spouse or children who need insurance, you must complete an application to add them to your policy. Applications are available on the University Benefits Office website. You have only 30 days from the date of arrival, or date of eligibility to add dependents to your policy. You have 60 days from the date of birth to add a dependent to your policy.

IF YOU HAVE OTHER INSURANCE AND DO NOT WANT THE UNIVERSITY’S COVERAGE, you must bring to the University Benefits Office either: 1) your actual policy; or 2) an identification card and a descriptive brochure (ID cards without supporting information will not be sufficient). If your coverage meets all of the University’s Exemption Guidelines (see below); including the deadlines for document presentation, you will receive a semester exemption and will not be billed for the University insurance.

You may submit your proof of coverage online through MyUI.

EXEMPTION GUIDELINES
The documentation submitted with your proof of coverage must be in English and include the following information:

1. Your name
2. Date your coverage begins (and the date it ends, if applicable)
3. Policy exclusions (services not covered)
4. The policy cannot have a maximum coverage level on hospitalizations.
5. Insurance must be non-cancelable and fully paid for a minimum period of one semester.
6. Insurance must be renewable for coverage. Conditions covered under the initial policy must not constitute a pre-existing condition under the renewal policy.
7. The policy cannot have a lifetime coverage maximum.

ATTENTION:
• Monthly payment plans will not be accepted.
• Exemptions will not be made for students or family members leaving the U.S. for a period of less than one month.

SCHOLARSHIPS, SPONSORING AGENCIES OR GOVERNMENT COVERAGE
If you have a scholarship or are sponsored by an agency that provides insurance or assumes payment of your medical costs, you must provide documentation to the University Benefits Office by the deadlines shown on this page.

DEADLINES FOR RECEIVING EXEMPTIONS AND MAKING POLICY CHANGES

<table>
<thead>
<tr>
<th>FALL SEMESTER</th>
<th>SPRING SEMESTER</th>
<th>SUMMER SEMESTER</th>
</tr>
</thead>
<tbody>
<tr>
<td>September 9</td>
<td>February 9</td>
<td>June 9</td>
</tr>
</tbody>
</table>

Contact your advisor or the University Benefits Office before the deadline if you have problems or questions regarding the insurance requirement.

After the deadlines shown above, only partial exemptions will be given. You will then be required to pay for coverage through the end of the month in which your insurance documents are accepted. If your documents are not in English, you will be required to have them translated.

Revised 7/20/19
HEALTH INSURANCE REQUIREMENTS FOR GRADUATE AND HEALTH SCIENCE STUDENTS WITH SIGNIFICANT CLINICAL EXPOSURE

All registered students in the Graduate College and the Colleges of Medicine, Dentistry, Nursing, and Pharmacy who experience significant clinical exposure as part of their training will be required to maintain health insurance (or an equivalent alternative care plan) sufficient to satisfy minimum standards of coverage. Such insurance coverage shall be maintained continuously throughout each year of attendance at the University of Iowa.

Upon registration, and annually thereafter, the student will be required to provide documentation of proof of coverage, by the deadlines stated on the Proof of Coverage form.

Until acceptable documentation is provided, students shall be automatically enrolled and will be charged for participation in SHIP administered through Wellmark Blue Cross and Blue Shield of Iowa.* Charges will be fully deleted for students who provide acceptable documentation of other insurance by the deadline. After the deadline, students will be exempted the first day of the month following receipt of documentation in the University Benefits Office. Students will be responsible for paying all charges up to that date.

International students may be required to comply with additional insurance requirements in accordance with University policies and Federal law.

The minimum standards for complying with the University’s proof of coverage policy is as follows:

1. **Policy Limit**: The health plan/policy should provide coverage for hospitalization including coverage for room and board, physician visits and surgeon services, imaging and lab, and miscellaneous services.
2. **Inpatient Coverage**: Inpatient care shall be required coverage for medically necessary care.
3. **Outpatient Coverage**: The health plan/policy shall provide coverage for medically necessary care including both physician services for treatment of emergencies, illness, accident or injury, and imaging and lab services.

**Required documentation:**

- Completed Proof of Coverage form
- Copy of policy or ID card.

If your alternate care plan does not meet the above minimum standards of proof of coverage requirements and you wish to request a waiver, contact the University Benefits Office at 120 University Services Building for a copy of the Health Sciences Waiver Policy.

*Medicaid is not acceptable for exemption purposes, unless you submit a letter from the Department of Human Services that verifies yearly coverage to the Benefits Office.*
PROOF OF COVERAGE FORM
FORM MUST BE SUBMITTED EACH ACADEMIC YEAR

YOU WILL ONLY NEED TO COMPLETE THIS FORM IF ANY OF THE FOLLOWING APPLIES TO YOU:

☐ Graduate and Health Science Student (with significant Clinical Exposure)

☐ International Student

☐ J-1 Visa Student

The following information is requested for the purpose of compliance with the University’s health insurance requirement for University of Iowa students. The information will be used by the University Benefits Office for the purpose of identifying and evaluating health care financial responsibility information in accordance with University requirements and will not be released to any party outside the University without the student’s permission, except as permitted law. Additional documentation may be required.

Print Name: _____________________________ Please Circle: Male or Female

University ID Number: ___________________ Date of Birth: ________________

INSURANCE POLICY INFORMATION

Name of Insurance Company: ____________________________ Policy #: ________________

Name of Contract Holder: ____________________________

If the insurance policy is through an employer, please give the name and address of employer:

________________________________________

Company contact for questions/verification:

Name: ____________________________ Phone Number: ______________________

STATEMENT OF FINANCIAL RESPONSIBILITY

I, ____________________________, hereby certify that I am covered by health insurance or equivalent health care plan as required by the University of Iowa and I am required to maintain coverage through the duration of my program. If the University determines that the above coverage does not comply with the University's health insurance requirement, I understand and agree that the University may charge my University bill for health insurance coverage, and I agree to pay all such charges made in accordance with University policy. I understand and agree that I will be responsible for any and all charges for health care services, fees, or deductibles, regardless of whether or not covered by insurance or equivalent plan, which are charged in accordance with University policies and procedures. I further understand and agree that the University of Iowa is not responsible for paying for or providing any medical/hospital care or health insurance coverage for me.

Signature: ____________________________ Date: ________________

University Benefits Office
120 University Services Building, Iowa City, IA 52242-1911
e-mail: benefits-students@uiowa.edu

DEADLINES FOR PROVIDING PROOF OF COVERAGE:

FALL SEMESTER September 9

SPRING SEMESTER February 9

SUMMER SEMESTER June 9

Revised 07/2019
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