



- \_\_\_\_\_ 5. Insurance carrier must have an "A" rating or above per Part 62.14(d) (1) of Section 22 of the Code of Federal Regulations.
- \_\_\_\_\_ 6. Basic Benefits: Hospital room and board, hospital services, physician fees, surgery, anesthesia, ambulance, outpatient services, and outpatient customary fees must be paid at 80% or more of usual, customary, reasonable charges per accident or illness after deductible is met, for in-network and 70% or more of usual, customary and reasonable charges for out of network providers up to a minimum of \$200,000 per accident or illness.
- \_\_\_\_\_ 7. Exclusion for Pre-existing Conditions: Not more than first six months from initial enrollment in the plan.
- \_\_\_\_\_ 8. Deductible: Maximum \$100 per occurrence. Total policy year deductible no more than \$500 per year.
- \_\_\_\_\_ 9. Inpatient Mental Health Care: Must be paid at 80% in network or 60% out of network of the usual and customary fees with a minimum 30 day cap per benefit period.
- \_\_\_\_\_ 10. Outpatient Mental Health Care: Must be paid at 80% in network or 60% out of network of the usual and customary fees for a minimum of 30 sessions per year.
- \_\_\_\_\_ 11. Maternity Benefits: Must be treated as any other temporary medical condition and paid at not less than 80% of usual and customary fees in-network or 60% out-of-network.
- \_\_\_\_\_ 12. Inpatient/Outpatient Prescription Medication: Offers coverage of \$1,000 or more per policy year.
- \_\_\_\_\_ 13. Repatriation: The policy provides a minimum of \$25,000 for repatriation to return the scholar's remains to his/her native country.
- \_\_\_\_\_ 14. Medical Evacuation: The policy provides a minimum of \$50,000 to permit the patient to be transported to his/her home country and to be accompanied by a provider or escort, if directed by the physician in charge.
- \_\_\_\_\_ 15. Minimum Coverage: \$200,000 per scholar for covered illnesses/injuries per accident or illness per policy year.
- \_\_\_\_\_ 16. Policy must not unreasonably exclude coverage for perils inherent to the scholar's program.

**COMMENTS:** Please indicate below any comments about the policy coverage and any of the above items:

**TO THE INSURANCE COMPANY REPRESENTATIVE:** Please read and sign the following. I have verified the information on this form and completed each item above. I certify that the coverage indicated is now in force. If the above noted policy is terminated, I will notify Florida International University, Office of International Student & Scholar Services, immediately.

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**FOR FIU OFFICE USE**

\_\_\_\_ Approved until \_\_\_\_\_  
 \_\_\_\_ Subject to \_\_\_\_\_ not subject to  
 medical evacuation/repatriation

\_\_\_\_ Denied because:  
 \_\_\_\_ high deductible  
 \_\_\_\_ high co-payment percentage  
 \_\_\_\_ internal limits  
 \_\_\_\_ low major medical cap  
 \_\_\_\_ other \_\_\_\_\_

ISSS Authorized Signature  
 REV.06\_25\_19

Date