

University of Colorado Denver

Office of the Provost and Vice Chancellor
for Academic and Student Affairs

1380 Lawrence Street, 14th Floor
Campus Box 146
P.O. Box 173364
Denver, CO 80217-3364
Office: 303-315-2110
Office Fax: 303-315-2112


University of Colorado Denver

Administrative Policy

Title: UC Denver International Student Health Insurance Requirements and Compliance

Source: Office of the Provost

Prepared by: Office of Student Life and Office of International Student and Scholar Services

Approved by:  12/10/09
Roderick Naim, Provost and Vice Chancellor for Academic and Student Affairs

Effective Date: January 1, 2010

Replaces: N/A

Applies to: UC Denver Downtown Campus

A. Introduction

The purpose of this policy is to set forth the University of Colorado Denver ("UC Denver") Downtown Campus policy for non-immigrant international students, present in the United States on a J-1 or F-1 visa, to obtain and maintain adequate health insurance coverage throughout the course of their program.

B. Policy

Non-immigrant international students attending UC Denver on an F-1 "student visa" are required by the U.S. Department of State to document sources of financial support sufficient to cover all educational and personal expenses while present in the United States. The U.S. Department of State requires international students, present in the United States on a J-1 "exchange visitor" visa, to comply with the requirement that he or she shall have sickness and accident insurance during the student's time of participation in the UC Denver's program.

UC Denver requires all non-immigrant international students present in the United States on *either* an F-1 or J-1 visa to obtain and maintain health and accident insurance for the duration of their

course of study at UC Denver.¹ Students may satisfy this requirement by providing proof of conforming insurance, independently obtained, or will be automatically enrolled in and charged for the insurance policy offered by UC Denver that meets this requirement. Minimum coverage, as currently proposed and defined by the U.S. Department of State and adopted by UC Denver, shall provide²:

- 1) Medical benefits of at least \$200,000 per accident or illness;
- 2) Repatriation in the amount of \$25,000;
- 3) Expenses associated with the medical evacuation of the exchange visitor to his or her home country in the amount of \$50,000; and
- 4) A deductible not to exceed \$500 per accident or illness.

Non-immigrant international students will be charged automatically for health insurance on their student account. If the student wishes to obtain insurance other than the UC Denver school-sponsored international plan, he or she will be required to apply for a waiver. Waivers will be granted on a case-by-case basis and will require proof of comparable insurance, in the form of a letter in English from the insurance company or employer, and a copy of the insurance ID card, which must be provided with the submitted waiver form. Proof of comparable coverage must be provided each semester that the student is registered at UC Denver and the coverage must be in effect for the duration of the student's studies at UC Denver.

If a student is not effective on the insurance plan on the first day of classes for the period they wish to waive, their waiver will be denied. In addition, any insurance plan used to waive off the plan must meet the comparable waiver standards as provided on the "International Student Waiver Checklist". If a student is not eligible on the plan they provide to waive insurance, or if they do not meet the comparable waiver standards, the student will be billed for the applicable premium.

It is advisable for all dependents to have health and accident insurance; but only dependents of J-1 exchange visitors are required to have insurance for the purposes and amounts listed above.

The UC Denver International Student and Scholar Services ("ISSS"), part of the Office of International Affairs, is responsible for aiding international students and scholars. There are several employees in the ISSS who are trained and authorized by the federal government to sign immigration documents for F-1 students and J-1 exchange visitors. The ISSS, in collaboration with the Student Health Insurance Office, selects a comprehensive and affordable health insurance plan that complies with the requirement set forth by the U.S. Department of State. The selected plan is reviewed on an annual basis.

¹ During the first semester this policy is implemented, all currently enrolled non-immigrant international students who were not required to carry UC Denver insurance coverage when they entered their educational program will be allowed to maintain the waiver until the beginning of the Fall 2010 semester. This policy is to be implemented prospectively.

² It is the goal of UC Denver to have a policy that reflects the current U.S. Department of State guidelines. Should the U.S. Department of State change its guidelines at any time in the future UC Denver will require the then current minimum coverage levels for its students and this policy will be amended to reflect the U.S. Department of State guidelines.

ISSS will send information to non-immigrant international students, before their arrival on the UC Denver campus, regarding their choices for healthcare coverage and the policy of automatic enrollment in the UC Denver plan absent a waiver.

Student insurance records are protected information under the Family Educational Rights and Privacy Act ("FERPA"). Health information contained in medical records may be protected information under the Health Insurance Portability and Accountability Act ("HIPAA"). Pursuant to these federal statutes, insurance and medical records must be stored and maintained in a secure manner.

**University of Colorado Denver Downtown Campus
International Students Health Insurance Appeals Process**

International Students with an F-1 or J-1 who have been denied a waiver have a right to appeal the decision to the Health Insurance Appeals Board (HIAB). The HIAB has three members, including the UC Denver Downtown Campus Director of Student Life or his/her representative, and two additional staff appointed by the director. Appeals will be heard within 10 business days and written notice of decision will be delivered to the student at his or her address of record via U.S. mail. The decision of HIAB is final.

Appeals can be made for the following reasons:

1. The student never attended the University of Colorado Denver in the semester in question and did not drop or withdraw from classes in a timely manner;
2. The student's academic semester was interrupted due to medical reasons, death, or any other unusual or extraordinary circumstance;
3. An administrative error occurred and the student was incorrectly billed.

Appeals will NOT be heard if the student is in disagreement about the denial of waiver due to inadequate or non-compliant health insurance coverage.

Appeals will only be granted upon review and with verifiable proof of the reason for the appeal.

Note, that in all appeal cases, no appeal is granted if claims have been paid either through the claims administrator, or a prescription drug vendor.

Appeals MUST be in writing and sent to:

Director, Office of Student Life
University of Colorado Denver
PO Box 173364, Campus Box 83
Denver, CO 80217-3364
Phone: 303-556-3399

**University of Colorado Denver Downtown Campus
International Student Insurance
Waiver Form**

International Students with an F-1 or J-1 visa must submit all waiver appeals no later than 5:00 pm on the published census date each semester.

Student Name: _____	_____	_____	_____
	Last	First	Middle Initial
Mailing Address: _____	_____		
	_____	_____	_____
	City	State	Zip Code
UC Denver E-Mail Address: _____	_____@email.ucdenver.edu		
Student Identification Number: _____	_____		
Current Phone Number: _____	Birth date: _____		

YOUR POLICY INFORMATION (Attach a Copy of your Medical Insurance ID Card)

Name of Insurance Company _____

Insurance Policy Number _____

Insurance Policy Group Number _____

Insurance Company Phone Number _____

Name of Primary Policy Holder _____

Name of Insured (if different than above) _____

Insured Identification Number _____

I. General Information

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
a) Policy is licensed and authorized to write business in State of Colorado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Underwriting company is rated A- or better by AM Best	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Is coverage World-wide (except in home country).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) The pre-existing waiting period is equal to or less than (<u>6</u>) months ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) The pre-existing condition look-back is equal or less than (<u>6</u>) months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) If the plan is a PPO, HMO, or other type of managed care plan, is there a primary care physician in the Denver community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

II. Coverage Date/Period Information

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
a) Policy is effective on or before the first day of classes.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Policy expires on or after the last day of the school plan year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Policy is non-refundable.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

III. Benefit Information

	<u>Yes</u>	<u>No</u>	<u>Don't Know</u>
a) Maternity is covered.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Policy includes benefits for all Colorado state-mandated benefits.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) The deductible is equal to or less than (<u>\$500 PPO or non-PPO per Plan Year</u>).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) The coinsurance, throughout the plan, is equal to or greater than (<u>75 %</u>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) The maximum benefit is equal to or greater than (<u>\$200,000 per injury or illness</u>)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Suicide and attempted suicide is covered.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Repatriation is covered up to (<u>\$ 25,000</u>).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Medical Evacuation is covered up to (<u>\$ 50,000</u>).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTANT NOTES:

- If you responded “no” to any of the above questions or your insurance information is incomplete, you will be notified and automatically enrolled in the University’s sponsored insurance plan.
- The **Deadline Date** for submission of this waiver form is the published census date¹ for the semester in which you want to waive coverage under the school-sponsored plan.
- **ALL** waiver forms will be audited and confirmed with the information you provided on the waiver form. If your form is incomplete, we will contact you via email and you will be required to provide additional or missing supporting documentation. If you do not provide proof of conforming insurance or obtain a waiver from UC Denver from the insurance requirement by the deadline you will be charged for the University sponsored insurance premium.
- Make sure that a copy of your insurance card and policy is attached to this waiver form or the waiver process will not be complete.
- If you waive the University sponsored plan and incur services at the Health Center at Auraria, you will have to pay for your charges at the time of service and be reimbursed for any claims paid through your insurance company (unless your insurance is Anthem of Colorado). Dependents cannot be seen at the Health Center at Auraria.
- A student who willfully fails to maintain a comparable health insurance policy while a student at UC Denver or who makes a material misrepresentation to UC Denver staff or faculty concerning such coverage will be subject to disciplinary action under the Student Code of Conduct up to and including the possibility of dismissal from UC Denver.

By signing below, I agree that I have read all the information on the waiver process as stated above, including the “Important Notes” section, and that I understand and acknowledge my understanding of the waiver process.

Student Signature

Date of Signature

¹ Actual date can be found on the university's registrar's page
<http://www.ucdenver.edu/student-services/resources/registrar/Pages/AcademicCalendar.aspx>