

## International 23/24 Waiver Worksheet

<p>[Questions/Answers]</p>	<ol style="list-style-type: none"> <li>1. What kind of Health Insurance Plan do you have?             <ol style="list-style-type: none"> <li>a. A federal or state exchange plan (e.g., Covered California Plan)</li> <li>b. Employer Group Health Insurance</li> <li>c. Medi-Cal (California Medicaid)/Medicaid</li> <li>d. Medicare</li> <li>e. Military/Tri-Care</li> <li>f. Ministry Sharing Plan</li> <li>g. UC Employee Health Plan</li> <li>h. You Country's Health Plan</li> <li>i. Other (e.g., "Individual" plan purchased directly from an insurance company)</li> </ol> </li>   <li>2. If you have Medi-Cal (California Medicaid), which county is your Medi-Cal from?             <ul style="list-style-type: none"> <li>• I Do Not have Medi-Cal (California Medicaid) / Does not apply to me.</li> <li>• Alameda</li> <li>• Alpine</li> <li>• Amador</li> <li>• Butte</li> <li>• Calaveras</li> <li>• Colusa</li> <li>• Contra Costa</li> <li>• Del Norte</li> <li>• El Dorado</li> <li>• Fresno</li> <li>• Glenn</li> <li>• Humboldt</li> <li>• Imperial</li> <li>• Inyo</li> <li>• Kern</li> <li>• Kings</li> <li>• Lake</li> <li>• Lassen</li> <li>• Los Angeles</li> <li>• Madera</li> <li>• Marin</li> <li>• Mariposa</li> <li>• Mendocino</li> <li>• Merced</li> <li>• Modoc</li> <li>• Mono</li> <li>• Monterey</li> <li>• Napa</li> <li>• Nevada</li> <li>• Orange</li> <li>• Placer</li> <li>• Plumas</li> <li>• Riverside</li> <li>• Sacramento</li> <li>• San Benito</li> <li>• San Bernardino</li> <li>• San Diego</li> </ul> </li> </ol>
----------------------------	--

- San Francisco
- San Joaquin
- San Luis Obispo
- San Mateo
- Santa Barbara
- Santa Clara
- Santa Cruz
- Shasta
- Sierra
- Siskiyou
- Solano
- Sonoma
- Stanislaus
- Sutter
- Tehama
- Trinity
- Tulare
- Tuolumne
- Ventura
- Yolo
- Yuba

3. Does your plan provide unrestricted access to an in-network primary care physician (PCP), in-network hospital, and full non-emergency medical and behavioral health care within 50 miles of campus or student's place of residence while attending school? (Plans with an assigned PCP must have one assigned within 50 miles of campus or place of residence while attending school.)
- a. YES
  - b. NO

**Your alternate health insurance plan must cover the following services:**

- Has an annual out-of-pocket maximum of \$9,100 or less for an individual or \$18,200 or less for a family. Deductibles, copayments, and coinsurance paid by the member accrue toward meeting the out-of-pocket maximum. A higher out-of-pocket maximum is allowed if the subscriber has a Health Savings Account (HSA) or a Health Reimbursement Account (HRA).
- Inpatient (hospital) and outpatient care for mental health and substance abuse disorder conditions the same as any other medical condition.
- Doctor office visits for medical, including mental health, and alcohol/drug abuse conditions.
- Provides coverage for all Minimum Essential Health Benefits. For the criteria, please see: <https://www.cms.gov/cciio/resources/data-resources/ehb.html>
- May not be a health care or pharmacy reimbursement plan (A reimbursement plan means the student must pay for services, then file a claim with the insurance provider for reimbursement).
- Have no per medical or mental health/substance abuse dollar maximum limits.

4. Does your health insurance plan cover the above services?
- a. YES
  - b. NO

5. Please let us know your main reason for choosing to waive SHIP.
- a. I am on my parent's or spouse's/domestic partner's plan.
  - b. Financial aid doesn't pay for SHIP.
  - c. I don't know much about SHIP or how to use it.
  - d. I found another plan that cost less.
  - e. My plan has no co-pays (e.g., Medicaid).
  - f. My plan has richer benefits than SHIP in the United States.

	<p>g. Other</p> <p>6. Does your health insurance company have a complete master policy written in standard English with benefits expressed in U.S. dollars? (Please attach below, as your master policy is required for auditing purposes.)</p> <ul style="list-style-type: none"><li>a. YES</li><li>b. NO</li></ul> <p>7. Does your medical insurance plan have a claims payment office with an address and phone number in the United States?</p> <ul style="list-style-type: none"><li>a. YES</li><li>b. NO</li></ul> <p>8. Does your health insurance plan have a maximum benefit limit per-medical or per-mental health/substance use disorder condition per year?</p> <ul style="list-style-type: none"><li>a. YES</li><li>b. NO</li></ul> <p>9. Does your health plan cover services related to suicidal conditions, including attempted suicide or suicidal thoughts?</p> <ul style="list-style-type: none"><li>a. YES</li><li>b. NO</li></ul> <p>10. Does your health insurance plan have a pre-existing condition waiting period or exclusion?</p> <ul style="list-style-type: none"><li>a. YES</li><li>b. NO</li></ul> <p>11. Does your health plan have any lifetime benefit maximums?</p> <ul style="list-style-type: none"><li>a. YES</li><li>b. NO</li></ul> <p>12. Does your health insurance plan cover medical services related to injury from participation in all types of recreational activities or amateur sports?</p> <ul style="list-style-type: none"><li>a. YES</li><li>b. NO</li></ul> <p>13. Does your plan cover at least \$50K for Medical Evacuation (medical evacuation provides transportation to your home country in the event of a medical emergency) and, also \$25K for Repatriation of Remains (repatriation provides transportation to your home country in the event of death)?</p> <ul style="list-style-type: none"><li>a. YES</li><li>b. NO</li></ul>
--	--