



Michigan Technological University Waiver Criteria

Student Name _____ M# _____

In order to waive coverage, your policy must meet or exceed the coverage listed below. Your waiver will not be processed if your policy is not comparable. Place an **X** in the appropriate boxes if coverage is comparable. Incomplete forms will not be processed.

Return this form with a copy of your insurance card to the Student Health Insurance Office, Lakeshore Center Second Floor or fax to 906.487.3220 or studentinsurance@mtu.edu

Questions may be directed to studentinsurance@mtu.edu or 487-1088.

Please note waivers will take approximately 7 business days to process. You will receive an email confirmation when the waiver has been received and processed. The hold will not be removed until the waiver is approved.

Waiver Criteria	Required Amounts and Coverage	Plan Meets
Out-of-pocket maximum	Maximum \$6,350 per individual, \$12,700 per family	
Deductible	Maximum \$750 per individual, \$1,500 per family	
Medical Benefits	Must not contain a lifetime maximum	
Repatriation of remains	At least \$25,000	
Medical Evacuation	At least \$50,000	
Prescription drugs	Required coverage	
Mental health/psychotherapy	Must cover inpatient and outpatient as any other illness	
Inpatient care, room & board, labs & x-ray, emergency room	Must cover at least 80% of charges – In Network	
Alcoholism and substance abuse	Must cover inpatient and outpatient as any other illness	
Maternity/pregnancy	Must be treated as any other condition if conception occurs during policy	
Other	<ul style="list-style-type: none"> • Must cover waiver period • Cannot be travel insurance • Cannot require that the insured person return to home country for treatment 	

I hereby certify the above information is true and complete.

Signature

Date