



## Michigan Technological University Waiver Criteria

Student Name \_\_\_\_\_ M# \_\_\_\_\_

Semester: \_\_\_\_\_ Year: \_\_\_\_\_

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. Incomplete forms will not be processed. Questions may be directed to [studentinsurance@mtu.edu](mailto:studentinsurance@mtu.edu) or 487-1088.

Waiver Criteria	Required Amounts and Coverage	Plan Meets (Y or N)	N/A
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		
<i>Student Athlete Sport Related Injury***</i>	<i>Must cover collegiate athletic injuries</i>		
Other	<ul style="list-style-type: none"> <li>• Must cover waiver period</li> <li>• Cannot require that the insured person return to home country for treatment</li> </ul>		

**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](mailto:studentinsurance@mtu.edu)**

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.

**\* International Students must have coverage for repatriation of remains if this does not apply indicate in N/A column**

**\*\* Maternity/pregnancy coverage may not apply to all genders, if this does not apply indicate in N/A column**

**\*\*\*Applies to Student Athletes Only** – Student Athlete must provide plan documents showing coverage.

I hereby certify the above information is true and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date