BENEFIT VERIFICATION REQUEST Spring I 2015

Dear Insurance Administrator,

Thank you for sharing our goal of ensuring a safe and productive experience at the University of Kentucky. We require all International and English as a Second Language Students to have health insurance. We need your help to verify your client(s), our student(s) have the necessary coverage.

UK’s 2014-15 Minimum Health Insurance: All coverage must meet or exceed the following criteria. Mark the box next to each item as it applies to your health insurance plan.

PART 1: Student’s coverage is supplied under one of the following scenarios: (select one)

☐ United States government sponsorship
☐ Foreign government recognized by the United States or certain international, government-sponsored or non-governmental organizations
☐ Employer-provided group health plan, as a primary member or dependent
☐ Student is an exchange student

PART 2: Student’s coverage meets or exceeds the following criteria:

☐ Unlimited coverage per Injury or Sickness.
☐ Unlimited coverage for essential benefits, including hospitalizations, doctor services, prescription drugs, rehabilitation and mental health services, pregnancy, and newborn care. A complete list of essential benefits can be found at: https://www.healthcare.gov/coverage/what-marketplace-plans-cover/.
☐ Coverage for preventative care at 100% in network including immunizations, physicals exams/screenings, and birth control. A complete list of preventive services can be found at: www.healthcare.gov/news/factsheets/2010/07/preventive-services-list.html.
☐ 80% of medical expenses must be paid by the insurance company.
☐ Covered Expenses related to pregnancy.
☐ Pre-existing Conditions cannot be excluded for any Covered Persons.
☐ Insurance Company must have a phone contact within the United States.
☐ Proof of coverage must be provided in English and U.S. currency only.
☐ $10,000 coverage for medical evacuation (medical evacuation provides transportation to your home country in the event of a medical emergency).
☐ $10,000 coverage for repatriation (repatriation provides transportation to your home country in the event of death).
☐ Coverage must be in effect from the start to end date of each semester the student applies for a waiver: fall semester (August 20 – January 1); spring semester (January 1 - August 19).

PART 3: I acknowledge:

☐ Any benefits with a waiting period in force will NOT meet the guidelines to waive coverage.
☐ Short-term insurance plans do not comply with federal legislation requirements and will not be approved as sufficient coverage
http://www.regulations.gov/#!documentDetail;D=CMS-2011-0016-0108
Please attach this Benefit Verification Request to a letter on company letterhead stating:

- Name(s) of covered students
- UK Student Identification Number(s) of covered students
- Date(s) of birth for covered students
- Statement declaring that your plan meets or exceeds all the requirements above for the duration of their stay
- Coverage beginning and end dates
- United States-based customer service contact information

This documentation can be faxed to 859-323-1026 or emailed to isss@uky.edu by January 28, 2015. If this request is not met, the student will be required to purchase additional insurance. If your plan does not meet the above requirements, please contact the student to discuss either adding the missing benefits or discontinuing the coverage.

Thank you for your time and service to our students!

Date (MM/DD/YYYY):_____________________

Insurance Representative Name:_______________________________________________________

Insurance Rep. Title:_______________________________________________________________

Insurance Rep. Email Address:_______________________________________________________

Insurance Rep. Signature:___________________________________________________________