

# 22-23 DOMESTIC STUDENT WAIVER REQUIREMENTS

## SAINT JOSEPH'S UNIVERSITY



Saint Joseph's University requires that all enrolled students in a degree seeking program taking six or more credit hours, and all Ph.D. or Ed.D. students in a degree seeking program taking one or more credit hours, to carry personal health insurance. If you elect to waive enrollment in the Student Health Insurance for yourself (if permitted) we require that the alternative health coverage meets the following minimum criteria. If your plan does not meet these minimum requirements, your waiver will be declined, and you will be enrolled and charged for the school sponsored plan.

Criteria	My Plan meets the criteria (yes or no)	Saint Joseph's University Student Health Insurance
I am a U.S. citizen, permanent resident, or green card holder of the U.S. and NOT on an F1 Visa.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Coverage Limits:</b> Does your health insurance policy provide unlimited coverage for all ACA (Affordable Care Act) essential benefits including prescription drug coverage, preventive care, and pre-existing conditions without any limitations or waiting periods?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unlimited
<b>Inpatient:</b> My plan provides inpatient care including room and board, hospital services and surgeon fees in the Philadelphia area (Pennsylvania, New Jersey, Delaware only). <u>Coverage for emergency only care does NOT satisfy this requirement.</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Allowed Amount after Deductible
<b>Outpatient:</b> My plan provides outpatient care including day surgery fees, surgeon fees, physician visits and physiotherapy in the Philadelphia area (Pennsylvania, New Jersey, Delaware only). <u>Coverage for emergency only care does NOT satisfy this requirement.</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Allowed Amount after Deductible
<b>Laboratory and X-ray Benefit:</b> My plan includes coverage for laboratory tests and radiology in the Philadelphia area (Pennsylvania, New Jersey, Delaware only). <u>Coverage for emergency only care does NOT satisfy this requirement.</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Allowed Amount after Deductible
<b>Mental Health and Substance Abuse Treatment:</b> My plan provides for inpatient and outpatient mental health and substance abuse treatment care up to 30 days in the Philadelphia area (Pennsylvania, New Jersey, Delaware only). <u>Coverage for emergency only care does NOT satisfy this requirement.</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paid as any other sickness: <u>Inpatient:</u> Allowed Amount <u>Outpatient office visits:</u> \$25 copay per visit 80% of Allowed Amount not subject to Deductible after Deductible
<b>Prescription coverage:</b> My plan or separate prescription policy provides coverage for the purchase of medications.	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$25 Copay per prescription Tier 1 \$60 Copay per prescription Tier 2 \$75 Copay per prescription Tier 3
<b>Coverage period:</b> My plan is currently in force, will remain in force (or renew) until 08/14/2023 (or beyond).	<input type="checkbox"/> Yes <input type="checkbox"/> No	ANNUAL Effective date: 8/15/22 ANNUAL Termination date: 8/14/23