



# Haverford College

## Waiver Requirements for Student Health Insurance Plan 2022-2023

Haverford College requires that all full-time Undergraduate students carry personal health insurance to protect you from having to interrupt your academic progress due to unexpected medical bills.

If you elect to waive enrollment in the Student Health Insurance Plan for yourself (if permitted) we require that the alternative health coverage meets the following minimum criteria. Foreign insurance, non- (state) HMO's, and travel insurance plans are not acceptable as alternative coverage as they do not meet the minimum requirements.

If your plan does not meet these minimum requirements, your waiver will be denied, and you will be enrolled and charged for the school sponsored plan. To view more information about the Haverford College Student Health Insurance Plan please go to [www.firststudent.com](http://www.firststudent.com).

Criteria	My Plan meets the criteria: (Yes or No)	Haverford College University Student Health Insurance Plan
Do you agree to have health insurance for the full period of August 1, 2022, through July 31, 2023?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Effective Date: 8/1/2022 Termination Date: 7/31/2023
My current policy provides coverage for all medically necessary care while I am within 50 miles of the Philadelphia, Pennsylvania area.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>**Out of State Medicaid plans will <u>not</u> be accepted.</b> <b>**Full coverage for Kaiser Permanente is not available in Pennsylvania.</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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Unlimited
My current policy has Mental Health & Substance Abuse covered the same as any other sickness, without any limitations.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Paid as any other sickness: <b><u>In-Network Office Visits:</u></b> \$25 copay per visit 80% of Allowed Amount not subject to Deductible <b><u>In Network Outpatient Services:</u></b> \$25 Copay per visit 80% of Allowed Amount not subject to Deductible <b><u>Out of Network Outpatient Services:</u></b> 80% of Allowed Amount after Deductible