



International Student Health Insurance

International students must comply with the Florida Board of Governors rule requiring all international students to have medical insurance in order to register or enroll in classes. Rule 6.009(2) provides that, “no international student in F or J non-immigrant status shall be permitted to register, or to continue enrollment, at a university without demonstrating that the student has adequate medical insurance coverage for illness or accidental injury and which includes the following minimum requirements” which are discussed in detail on page 3 of this document. Specifically, this rule requires that insurance policies must provide, at a minimum, continuous coverage for the entire period that the insured is enrolled as an eligible student, including breaks between or during terms (for students enrolled in more than one term/semester, this means a full year).

Please take a moment to read the information below to determine which option would best meet your needs

Your insurance **must** be in effect as of the first day of each semester, and throughout your continuous enrollment at FGCU.

OPTION 1: United Health Care Insurance Plan (Provider Name: Gallagher-Koster)

- Information on this plan can be found at this link:
<https://www.gallagherstudent.com/students/student-home.php?idField=1184>
- As a service to our students, the applicable insurance premium costs will be posted on your FGCU student account **EACH** semester.
- The insurance premiums (costs) are determined annually by the insurance provider. For the 2019-2020 academic year, premium rates are: \$1,031 for the fall 2019 semester, \$1,627 for spring2020/summer
** Rates for 2020-2021 will be posted when they become available*
- The FGCU rate is what your student account will be charged if you do not provide proof of an alternative insurance by the first day of classes.
- **The insurance premiums must be paid in full** coinciding with FGCU tuition and fee payment deadlines via your GULFLINE account or in person at the cashier’s office.
- This plan is fully compliant with Federal Healthcare Reform Regulations which includes:
Please see the link above for more information on the plan details and coverage
More information for Parents can be found on this link:
<https://www.gallagherstudent.com/school-parents/index.php?idField=1184&KosterWebSID=3vmsd29er1a29ogfff8ta07pn3>

OPTION 2: Alternative Medical Insurance Coverage:

IF you purchase one of the plans listed below, you only need to send your Insurance ID card and documentation of the policy termination date. The compliance form is not needed if you use one of the insurances listed below because they meet all the Florida BOG requirements.

- (ISP)-International Student Protection: www.intlstudentprotection.com
Plans showing [Florida Trail Blazer Basic](#) or [Florida Trail Blazer Elite](#),
- Insurance for Students: www.insuranceforstudents.com
- ISO Insurance: <https://www.isoa.org/>

Each student must choose their own insurance; we cannot choose it for you. The companies that we list are only examples of companies that other students have used. Please do NOT send any insurance plans for our office to review.

If you choose another insurance company other than the ones listed above:

- Students must submit the [Health Insurance Compliance Form](#) if they plan to use an alternate insurance provider that meets the State requirements. This form should be completed by your insurance provider and sent directly to our office.
- This form may be submitted as early as you wish. ***The best way to avoid the FGCU insurance fee from being assessed to your account is to submit these forms before tuition fees are assessed to your account. (Approximately 3 weeks before the first day of each semester)***
- Although you may have some form of medical insurance, the University can only accept your insurance if it meets our requirements. (Please read the instructions on the FGCU International Student Medical Insurance Compliance Form [\(page 3\)](#) which also outlines the **minimum** requirements established by the State of Florida.)
- Alternate insurance waiver forms must be received by the last day of add/drop **EACH** semester AND meet **ALL** the minimum requirements.
- ***International Services will not accept alternate insurance waiver forms after the ADD/DROP cutoff date.***

IF YOUR FGCU STUDENT ACCOUNT IS CHARGED THE INSURANCE FEE

- The only way for the fee to be removed (BEFORE ADD/DROPP) is to provide proof of alternate insurance that meets the minimum State requirements. (see page 3)
- **AFTER THE ADD/DROP date the insurance fee will remain on the student's account and late fees may be applied.**
- **PLEASE NOTE: PAYMENT ARRANGEMENTS, ISSUES WITH WIRE TRANSFERS, SCHOLARSHIPS, ETC. SHOULD ALL BE HANDLED WITH THE CASHIER'S OFFICE PRIOR TO THE LAST DAY OF ADD/DROP TO ENSURE THAT YOU ARE NOT DROPPED FROM CLASSES FOR FAILURE TO PAY THEIR INSURANCE FEES.**

The insurance carrier needs to check and sign the form and return to our office via fax or email (cfells@fgcu.edu or Fax: 239-590-7977)

International Student Health Insurance Compliance Form (page 1 of 2)

The Insurance Policy must include the following mandated benefits:

- Coverage Period: Policies must provide continuous coverage for the entire period the insured is enrolled as an eligible student, including annual breaks during that period. Payment of benefits must be renewable.
*** COVERAGE PERIODS/DATES DIFFER FROM THE ACADEMIC CALENDAR DATES. This ensures that there is no lapse in coverage**
- Basic benefits: room, board, hospital services, physician fees, surgeon fees, ambulance, outpatient services and outpatient customary fees must be paid at 80% or more of usual, customary, reasonable charge per accident/illness, after deductible is met for in-network, and 70% or more of usual, customary, or reasonable charge for out-of-network providers per accident/illness.
- Minimum coverage: \$200,000 for covered injuries/illnesses per policy year.
- Inpatient mental health care must be paid at 80% in-network or 60% out-of-network of the usual and customary fees within a minimum of 30-day cap per benefit period.
- Outpatient mental health care must be paid at 80% in-network or 60% out-of-network of the usual and customary fees for a minimum of 30 (preferably 40) sessions per year.
- Maternity benefits must be treated as any other temporary medical condition and paid at no less than 80% in-network or 60% out-of-network of the usual and customary fees.
- Inpatient/Outpatient prescription medication offers coverage of \$1,000 or more per policy year.
- Exclusion of pre-existing conditions: First six months of policy period, at most.
- Deductible: maximum of \$50 per occurrence if treatment or services are rendered at the Student Health Center, maximum of \$100 per occurrence if treatment or service is rendered at an off-campus ambulatory care or hospital emergency department facility. Policy must not unreasonably exclude coverage for perils inherent to the student's program of study.
- Repatriation: \$25,000 (coverage to return the student's remains to his/her native country)
- Medical evacuation: \$50,000 (to permit the patient to be transported to his/her home country and to be accompanied by a provider or escort, if directed by the physician in charge).
- Policy provisions must be available from the insurer in English.
- Claims must be paid in U.S. dollars payable on a U.S. financial institution.
- Insurance Carrier must, at a minimum, meet the rating requirements specified in Part 62.14(c)(1) of the Title 22 of the Code of Federal Regulations, regulating U.S. Department of State Exchange Visitor Program (EVP).

TO BE COMPLETED BY INSURANCE COMPANY REPRESENTATIVE

INSURANCE COMPANY REPRESENTATIVE: By signature, I attest this policy covers the above basic benefits. I certify that the coverage is now in force and if the policy is terminated, I will notify FGCU ISO immediately. I understand that FGCU is relying on this information to permit the student to register or continue enrollment.

Print Name: _____ **Position:** _____

Signature: _____ **Date:** _____

STAMP (Required)



International Student Health Insurance Compliance Form (page 2 of 2)

To comply with Florida State Board of Governors Regulation BOG 6.09, International Students must have health insurance. Students in F and J status must maintain health insurance coverage from the first day of class until the last day before the next semester, thus insuring that there is no lapse in coverage.

Insured's Name _____

Coverage Start Date _____ Coverage End Date _____
(mm/dd/yy) (mm/dd/yy)

Insurance Company _____ Policy # _____

Agent name: _____

Agent email Address _____ Agent Phone Number _____

U.S Claims Company Address: (If Available) _____

U.S Claims Company Phone: (If Available) _____

I authorize my insurance company to release the information on this form to Florida Gulf Coast University. By signing below, I agree to the following requirements established by FGCU and I agree to abide by them.

1. Alternate insurance policies are approved for limited periods not exceeding one academic year and the requirements for alternate policy coverage are subject to change.
2. I must have my policy information re-certified EACH semester.
3. Failure to have continuous coverage which meets the minimum requirements outlined on the attached checklist will result in a hold being placed on registration and I will be dropped from enrollment at FGCU.
4. If the alternate insurance coverage is not approved, this does not mean FGCU or any of its employees recommend that I cancel any existing, pending, or proposed insurance coverage.
5. The policy presented must meet the minimum requirements established by FGCU and the State of Florida with respect to specific medical insurance coverage criteria
6. I understand that the insurance I have chosen may not be comparable to the plan provided through FGCU/ Gallagher-Koster. I also understand that by using an alternate plan, there is a potential for higher deductibles, co-pays and out of pocket expenses

Student Name (Please Print): _____

Student FGCU ID# (UIN) _____

Signature of Student: _____

Date: _____



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