

FAQ:

Health Insurance Requirements for F-1 Students

Do I need to have health insurance?

Yes. The University of Hawaii (UH) requires F-1 students to carry adequate health insurance. We recommend that both F-1 students and any F-2 dependents have health insurance for the entire period of their stay in the U.S.

Why is having health insurance important in the U.S.?

Medical treatment can be very confusing and expensive in the U.S. And because it is the responsibility of each person (not the U.S. government's) to pay for his/her own health care, health insurance is required.

Does my health insurance need to provide a minimum level of coverage?

Yes. The University of Hawaii requires that your health insurance plan offers the following minimum levels of coverage (indicated in USD):

- Comprehensive medical coverage = at least \$100,000 per accident or illness;
- Inpatient/Outpatient medical (including mental health) coverage at no less than 75% usual/customary charge (UCC);
- Repatriation of remains coverage = at least \$25,000;
- Medical evacuation coverage to home country = at least \$25,000
- A deductible not to exceed \$500 per accident or illness;
- Waiting period for pre-existing conditions no longer than 6 months.

Are there important terms I should know before selecting a health insurance plan?

Yes. Here is a list of terms to help you understand health insurance plans:

- **Premium** - an amount to be paid for a health insurance policy.
- **Deductible** – a specified amount of money that the insured (the student) must pay before an insurance company will pay a claim. Some plans offer deductibles that are applied for each accident or illness, while others offer a deductible for each policy period.
- **Coinsurance** refers to money that the insured (the student) is required to pay for services, after a deductible has been paid. **Coinsurance** is often specified by a percentage. For example, the insured pays 25% toward the charges for a service and the employer or insurance company pays 75%.
- **Co-payment** - A co-pay is commonly confused with co-insurance. The two are similar, but there is one key difference. With a co-pay, the dollar amount that an individual will pay for health care services is fixed. There are absolutely no percentage participation rates with a co-pay.
- **Covered expense** – an expense that qualifies for reimbursement or coverage under a health insurance plan.
- **In network provider** – doctors or hospitals that are part of a health plan's network of providers with which it has negotiated a discount.

- **Pre-existing condition** - any condition for which the patient has already received medical advice or treatment prior to enrollment in a new medical insurance plan.

How do I decide which health insurance plan to purchase?

It is advisable that you contact a few different insurance providers for premium quotes and to compare coverage. You should feel free to ask the insurance representative any questions and take the time to learn about each plan before making a decision. If you are uncertain or confused, you should not purchase any plan until you fully understand the coverage.

What is health insurance clearance?

F-1 students must submit documentation of having health insurance that meets required health insurance coverage to the UH Student Health Insurance Office (SHIO), located in the QLCSS Building, Room 313D, in order to receive clearance to register for classes.

How do F-1 students receive health insurance clearance from SHIO (Student Health Insurance Office)?

Visit [SHIO's website on health insurance clearance](#). Click on [Forms and Memos](#) for additional information on purchasing other health insurance plans or requesting a waiver of clearance, if enrolled but conducting research outside of the U.S.

Whenever an F-1 student purchases or extends health insurance coverage, he/she must submit evidence of coverage to SHIO, QLCSS Building, Room 313D. If there are any questions, contact the SHIO Coordinator, at shio@hawaii.edu.

There are three options to purchase health insurance plans for F-1 students:

- [The University of Hawaii Student Health Insurance Plan \(SHIP\)](#) - University of Hawaii has a student health insurance plan provided by HMSA, the BlueCross/BlueShield provider in Hawaii. The plan is available for purchase by the semester to all students, who meet eligibility requirements. There are four options offered to students. However, if international students choose to purchase the SHIP, they **MUST** buy Option 2 or 4 because they both offer medical evacuation and repatriation coverage.
- [The University of Hawaii "Employee Union Trust Fund" \(EUTF\) – for graduate assistants only](#) – Employees of the University of Hawaii are eligible to purchase EUTF plans. NOTE: Because EUTF plans do not provide required minimum coverage for repatriation and medical evacuation (RME), you will need to purchase RME insurance in addition to any EUTF plan. Although University of Hawaii does not endorse health

insurance plans outside of the student health insurance plan, we offer this [option for a RME plan](#) for the convenience of our graduate assistants.

- Other health insurance plans of your choosing – The University of Hawaii health insurance policy allows international students to purchase other health insurance plans, as long as those plans offer at least the minimum level of coverage required by the University of Hawaii. To do so, a representative of your health insurance plan must complete the [F-1 Student Health Insurance Provider Certification Form](#) certifying that your choice of plan meets the University of Hawaii required minimum level of coverage.

How does health insurance work in the U.S.?

1. Purchase a health insurance plan that will enable you to receive clearance from SHIO (Student Health Insurance Office).
2. The insurance company will provide you with an insurance identification card for use as proof of your coverage when you are seeking health care from a hospital or doctor.
3. Continue to make payments (premiums) to continue your health insurance coverage each semester of enrollment.
4. When you visit a doctor or hospital, the doctor or hospital may:
 - a. file a medical claim to your health insurance plan on your behalf and wait for payment of services, or
 - b. require you to submit your medical claim to your health insurance plan and wait for any reimbursement and pay for the cost of services at the time of your doctor/hospital visit.
5. The insurance company will evaluate any claim that is filed, and make the appropriate payment for coverage under your particular policy. In some cases, the insurance company pays the hospital or doctor directly; in other cases, the company reimburses the policy holder (insured F-1 student or F-2 dependent) after he or she has paid the bill.

What is ACA compliant health insurance and am I required to purchase such a health insurance plan?

The Patient Protection and Affordable Care Act (PPACA), often referred to as the “Affordable Care Act” (ACA), is a U.S. federal law intended to provide individuals with increased access to higher quality and lower cost health insurance through subsidies, exchanges, and the establishment of minimum coverage standards. It includes the [Individual Shared Responsibility Provision](#), which requires each person who is subject to the ACA to comply with one of the following: (1) have qualifying health coverage (minimum essential coverage); (2) qualify for a health coverage exemption; or (3) make a shared responsibility payment when filing his/her federal income tax return.

For more information on the ACA, see the U.S. Department of Health and Human Services’ [Health Care website](#).