

CALVIN UNIVERSITY HARD WAIVER POLICY & REQUIRED FORM

What is the Hard Waiver Policy?

Calvin University requires all full-time students to enroll in the Student Health Insurance Plan (SHIP) OR request a waiver.

Waiver requests are only accepted during the open enrollment period.

Open Enrollment

Activate your student health insurance OR request a waiver during the open enrollment period. **Note -- the student health plan becomes active on August 15th or January 1st depending on which semester the student is enrolling at Calvin. **This happens automatically if a request to waive the student health insurance plan was not requested during the open enrollment period.***

For Fall Semester: **Open Enrollment Period is July 1st through July 31st**

For Spring Semester: **Open Enrollment Period is November 1st through December 1st**

Domestic students: Domestic students may request a waiver if they can provide proof of ACA compliant insurance (see below for criteria). Most domestic students are under their parent's/guardian's insurance plan until the age of 26. In general, these employer funded plans meet this requirement. Government funded plans such as Medicaid or Medicare from outside of the state of Michigan are only accepted if the Medicaid/Medicare plan covers emergencies in the state of Michigan.

Any domestic student may request a waiver if:

- (a) The student provides proof of active health insurance provided by their United States based employer (for students employed in the US while attending Calvin)
- (b) The student provides proof of active insurance under parent's/guardian's employer plan (up to age 26, with proof of dependent coverage)
- (c) Marketplace plans through the state or federal exchange
- (d) Depending on your state, you may qualify for Medicaid. Go to <https://www.healthcare.gov/.gov> to determine if you may be eligible. Waiver requests must be submitted with proof of activation of the Medicaid Plan, or Calvin's Student Health Insurance Plan (SHIP) will be activated.

International students: International students who have full financial sponsorship of a government agency including health insurance must submit a copy of their financial guarantee to health@calvin.edu. A financial guarantee that covers the current academic year must be on file before a waiver can be requested. Waivers are applied annually.

What are the criteria to be eligible to request a waiver?

Any international student may request a waiver if:

- (a) The student provides proof of full sponsorship by a government agency including health insurance, or
- (b) The student provides proof of active health insurance provided by their United States employer (only applies to students employed fulltime in the USA, while attending Calvin)
- (c) The student provides proof of active insurance under parent's/guardian's United States employer (up to age 26, with proof of dependent coverage)

All other international students are **required** to enroll in Calvin's Student Health Insurance Plan (SHIP). Any individual insurance purchased by international students will not be considered for waiver requests and will be considered secondary insurance to the student health plan. For assistance contact Calvin Health Services at 616-526-6187 or email health@calvin.edu

When will students be billed for the cost of Calvin's Student Health Insurance Plan (SHIP)?

The Student Health Insurance Plan (SHIP) premium will be assessed on your Calvin University student account in early August. Refunds are only permitted within 30 days of activation and once the plan is activated, it cannot be refunded. To avoid any fees or a registration hold, turn in waiver request or enrollment form prior to the OPEN ENROLLMENT PERIOD deadline. For those enrolling later than usual, the premium will be assessed to your account 7-10 days after you have met with your academic advisor and have enrolled in your courses.

What information is needed to complete a waiver request?

Prior to beginning a waiver request, the student should review all the criteria and must meet one or more of the above criteria. To initiate the waiver request the student must have:

- 1. Health insurance card**
- 2. Health insurance plan description or brochure**
- 3. Calvin University Student ID number**
- 4. Submit a waiver request during the open enrollment period.**

International students who have applied for waivers in previous semesters will need to apply again.

What are the coverage requirements the student's insurance policy must meet?

- **The insurance plan must be provided by an employer licensed to do business in the U.S. with a U.S. claims office address, U.S. claims phone number, and insurance plan information available in English.** Only U.S. based employer plans qualify. If the student or parents of the student are not insured by their employer, an individual insurance plan will not qualify. Short-term travel insurance does not qualify. Reimbursement programs (includes reimbursement vouchers from home governments or their U.S. based consulates) do not qualify. Cost sharing co-ops or plans do not qualify.
- Plan provides coverage, unconditionally, for pre-existing conditions.
- The plan must provide inpatient and outpatient care. This includes office visits and behavioral health visits.
- Plan must have a deductible not exceeding \$1,000 per person per policy year.
- The plan must provide major medical benefits of at least \$500,000 in coverage per sickness or injury.
- The plan's total out-of-pocket costs may not exceed \$8,000 per policy year.
- Plan must provide pharmacy benefits.
- Plan must provide maternity benefits.
- Plan must provide mental health benefits.

Emergency care coverage or travel insurance does NOT meet the coverage requirements and does NOT qualify for a fee waiver.



Insurance Waiver Request

Process to request a waiver from the Student Health Insurance Plan:

1. Read all the requirements to request a waiver before completing this form.
2. Complete this form.
3. Send this form to health@calvin.edu on or before the deadline along with the following items:
 - a. Photocopy of the front and back of the active health insurance card
 - b. The health insurance plan description or brochure
 - c. Include the student’s full name and the Calvin University student ID number in that email.

Name of the United States Employer providing insurance for the student as an employee or a dependent of an employee: _____

Name of Insurance Company: _____

Group #: _____ Policy # _____

Policy Holder/Guarantor (*which parent/guardian carries the family insurance plan through their employer*):

First Name: _____ Last Name: _____

DOB: _____ Relationship to patient: _____

Permanent Address:

Street: _____

City: _____ State: _____ Zip: _____

Policy Holder/Guarantor’s phone #: _____

Students who receive health insurance through a state or federal exchange:

Name the state or federal program (Michigan Medicaid/Medicare, etc.): _____

Group #: _____ Policy # _____

Policy Holder/Guarantor (*if parent/guardian carries the state or federal insurance plan*):

First Name: _____ Last Name: _____

DOB: _____ Relationship to patient: _____

Permanent Address:

Street: _____

City: _____ State: _____ Zip: _____

Policy Holder/Guarantor’s phone #: _____

Calvin University Student Health Insurance Plan (SHIP) Enrollment Form

Please indicate the coverage period for enrollment:

- ANNUAL Calvin United HealthCare Student Plan**
 Period of Coverage: 8/15/2024 – 8/14/2025
 Cost: \$2100

- FALL Calvin United HealthCare Student Plan***
 Period of Coverage: 8/15/2024 – 12/31/2024
 Cost: \$883
**Enrollment for Fall semester only is available to students graduating in December 2024.*

- SPRING/SUMMER Calvin United HealthCare Student Plan**
 Period of Coverage: 1/1/2025 – 8/14/2025
 Cost: \$1351
**Enrollment for spring/summer semester is available to students beginning Calvin in January 2025.*

(Please Print Clearly)

 Student Name (last, first, middle initial)

 Calvin ID

____/____/____
 Date of Birth (month/date/year)

 Address

 City/State/Country

 Zip

 Cell Number

 Email address

Note to Student: By signing below, you acknowledge the following: 1) You have read the plan brochure and understand your coverage benefits; 2) Rates are not pro-rated beyond what is listed above; 3) You meet the eligibility requirements for this coverage (registered for a minimum of 6 credits in person learning); 4) **Once enrolled, any request to cancel this plan must occur within 30 days of enrollment and cancellation is not guaranteed (plan cannot be cancelled if the insurance plan has been used;** & 5) Other than entry into the armed forces or withdrawal from the university within the first 30 days of classes, the premium is not refundable.

 Signature of Enrollee

 Date

The student health plan premium will be charged to your miscellaneous account by Financial Services. Plan details can be found online at www.uhcsr.com or at <https://calvin.edu/health-services>