STUDENT MEDICAL PLAN AND UNIVERSITY HEALTH AND COUNSELING SERVICES WHILE ON CO-OP FALL 2022

Please note while enrolled on Co-Op your tuition account is not automatically charged the Student Medical Plan fee. Please complete this form to join or decline enrollment in the Student Medical Plan.

______ Yes I would like to be enrolled in the Student Medical Plan while on Co-Op.

_______ I would like to decline participation in the Student Medical Plan because I already have health insurance coverage. I am currently insured with the following company ____________________________________________________________.

My coverage meets the following waiver criteria listed below ___________ (initial here)

1. Plan is provided by a company licensed to do business in the United States, with a U.S. claims payment office and U.S. phone number.
2. Plan has unlimited annual and lifetime benefits (i.e. no policy maximum).
3. Coverage is currently active and the student agrees to maintain health coverage throughout the entire policy year.
4. Coverage for pre-existing conditions with no waiting period.
5. Plan provides coverage in Northeast Ohio or where enrolled in CWRU classes.
6. Plan provides emergency and non-emergency inpatient and outpatient (laboratory, diagnostic services, primary and specialty care and physical therapy) and inpatient and outpatient mental health/substance abuse as any other condition.

In addition to meeting the above criteria, international students must:

1. Have coverage for emergency medical evacuation in the amount of at least $50,000 (medical evacuation is emergency transportation to the nearest, most qualified treatment facility).
2. Have coverage of at least $25,000 for repatriation (repatriation provides transportation to the student’s home country in the event of death).

Student’s Name: ____________________________________________________________

Student ID number: __________________________ Date: _______________

PLEASE COMPLETE THIS FORM AND RETURN IT TO THE UNIVERSITY HEALTH SERVICE BY SEPTEMBER 9, 2022. PLEASE REFER ANY QUESTIONS TO (216) 368-3049 OR medicalplan@case.edu