Medical Insurance and Related Medical Costs
Waiver Form

Duquesne University requires all their students to be covered by a comprehensive medical and accident health insurance policy. As such, they are provided access to a policy through Highmark Blue Shield. The university’s policy covers the student for 12 months beginning August 1, 2016. The cost is $1,891 and is billed in two separate increments in August and in January. This insurance policy must be renewed at the beginning of each school year.

Students are able to opt out of enrolling in the university’s healthcare plan if they are covered by a comparable comprehensive medical and accident plan. To waive the school’s plan, students must provide information about their insurance coverage. The policies are then reviewed to make sure the healthcare coverage is sufficient while the student is attending Duquesne.

Exchange students at Duquesne are permitted to use their own insurance coverage since they do not stay on campus more than a semester or academic year. However, we still strongly suggest the coverage they bring include the following provisions:

- The policy must not exclude pre-existing conditions.
- The policy must pay providers directly.
- The policy must have mental health coverage.
- The policy must NOT exclude payment for illness or injury occurring under the influence of drugs and alcohol.
- The insurance company pays claims in US Dollars.
- The insurance company has a US based claims processing center.
- The insurance carrier pays claims directly to the provider (no reimbursement policies).
- Must be able to produce a copy of the full policy document in English.

If your policy does not have the above provisions, you will be responsible for any costs that are not covered. You are welcome to purchase our coverage if you feel the university policy will offer more than your current coverage.

Since US healthcare is extremely expensive and international insurance policies differ from those in the US, we ask that you sign the waiver below acknowledging that you accept full responsibility for any medical expenses not covered by your international insurance policy.

I have read the above and understand that any expenses not covered by the medical cost-sharing plan are my responsibility and I will not hold Duquesne University responsible for these medical expenses.

Signature: _______________________________________
Printed Name: ___________________________________
Date: __________