

Out-of-Area Coverage Limitations Waiver Liability Form

Swarthmore College requires all students to be covered by a health insurance policy that provides full comprehensive coverage in the Swarthmore, PA area. To help students comply with this requirement, SWARTHMORE sponsors a Student Health Insurance Plan (SHIP) through AETNA STUDENT HEALTH. The SHIP is a one-year term policy, effective 8/17/26 - 8/16/27 and as such, it must be renewed at the beginning of every school year. The cost is charged to your student account. Students may waive the SHIP by submitting proof of comparable health insurance. Policies are reviewed to verify the health care coverage is sufficient in the Swarthmore area. We realize some students are covered by out-of-state health insurance plans. If they are PPO plans, they will provide full coverage to the students in Pennsylvania.

If they are not PPO policies, they might only provide full comprehensive coverage within a specific geographical region outside of Swarthmore, PA, within a narrow network. In these cases, the policies frequently only cover a triage emergency visit when rendered out of your home state or geographical area. Plans that require pre-authorizations for all non-emergent services are also problematic. Pre-authorizations cannot be obtained for same day services when a student needs care. Treatment for routine medical issues and illness/injury not deemed urgent or life threatening will not be covered by these plans. Services not covered by insurance will be billed directly to the patient (student) and the patient will be responsible for payment.

If you play sports for SWARTHMORE, there is an additional consideration. The University has a blanket accident excess policy intended to bridge the gap between your primary insurance and the NCAA catastrophic coverage. The blanket coverage through the school is not an individual insurance plan and it carries a \$1,000 per injury deductible. If your insurance does not cover diagnostic testing, follow-up care, durable medical equipment, surgery, physical therapy, etc. in Pennsylvania, you will be responsible for the first \$1,000 in medical expenses per injury before the athletic policy kicks in.

By signing this form, you acknowledge you understand your Student Health Insurance options and you have knowingly waived a comprehensive health insurance plan. As such you are willing to accept full responsibility for all health care expenses you incur while attending Swarthmore College.

I have read the above and understand that:

- I have the option to enroll and be invoiced for the Swarthmore College Student Health insurance plan.
- I have the option to waive the SWARTHMORE SHIP because of my enrollment in a limited out-of-state healthcare plan. I acknowledge any expenses not covered by my policy are solely my responsibility and I will not hold Swarthmore College responsible for these medical expenses.

Signature: _____

Printed Name: _____

Date: ____/____/____