A. Unlimited Maximum Benefit for covered medical expenses.

B. Coverage for essential benefits (with no dollar limits), as defined under the Patient Protection and Affordable Care Act. This includes:
   - pharmacy
   - mental health services
   - maternity benefits (if you are female or have a spouse on the plan)
   - preventive care
   - coverage for pre-existing condition
   - pediatric dental and vision coverage (if you have dependent children on the plan)

C. A policy year deductible of $500 or less.

D. Maximum total out-of-pocket expenses cannot exceed $6,350 per member ($12,700 per family) with preferred providers.

E. A minimum of 80% coinsurance payable by the insurance plan to network providers.

F. Coverage includes effective dates spanning the entire period for which the waiver is requested.
   - Summer - 06/01/2018 through 07/31/2018
   - Fall - 08/01/2018 through 12/31/2018
   - Spring - 01/01/2019 through 05/31/2019

G. Plan document(s) are written in English, with currency amounts converted to U.S. dollars, and the insurance company contact phone number is located in the U.S.

H. Insurer has a base of operations in the US or has a US based claims payer.

I. At least $100,000 in coverage for repatriation and medical evacuation.

J. Coverage is provided by the student’s employer or is backed by the full faith and credit of the student’s home government.

K. Insurer is authorized to do business in Kansas and is providing coverage under a policy that has been filed and approved by the Kansas Department of Insurance.