

Office of Human Resources  
Student Health Services and Medical Health Insurance  
2009-2010

**Health Insurance Requirements**

**All full-time students are required to have health insurance.**

You must provide proof of coverage in one of two ways: (1) by purchasing one of JTS's health insurance plans, or (2) by completing the enclosed health insurance waiver form and returning it to the Office of Human Resources by June 30, 2009.

**\*\*All students will be automatically enrolled in the Basic Health Insurance coverage if the Enrollment/Waiver form is not received by the deadline.\*\***

**Please note that if you wish to elect Basic Insurance you must still complete and return the form.**

**Columbia Health Services Program**

The Columbia Health Services Program provides urgent, routine, and follow-up medical care. The services provided include primary care, women's health, counseling, and wellness programs. Detailed information about the Columbia Health Services Program is available at: <http://www.health.columbia.edu/>

**\*If you are a full-time student, going abroad or if you live in a JTS apartment or residence hall (Brush Hall, Goldsmith Hall or Mathilde Schechter Residence Hall), you are automatically enrolled and billed for the Columbia Health Services Program. This is NOT health insurance, but will give you full access to Columbia Health Services and is required of all full time JTS students and students going abroad.**

Columbia Health Services Program may be waived only by students in one of the following Special Registration categories: Non-matriculated, Extended Residence, Continuous Registration, Leave of absence, and Defense Semester. Students in special categories may choose to enroll in the program if they wish to.

The Columbia Health Services Program fee is included in JTS's insurance, so students who choose to enroll in JTS coverage will not need to pay the additional fee.

**JTS Offers the Following Health Insurance Options:**

The Basic Health Insurance Plan provides students with emergency care, prescription coverage, physician office visits, outpatient and inpatient hospitalization as well as mental health services. It includes the Columbia Health Services Program.

The Comprehensive Health Insurance Plan includes all the benefits provided under the Basic level of coverage as well as extensive benefits in certain other areas.

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For detailed descriptions of either of these plans, please refer to the *Health Insurance at Columbia University* brochure or website at <http://www.health.columbia.edu/>.

**Schedule of Premiums**

<b>Coverage Period</b>	<b>Fall 2009</b>	<b>Spring 2010</b>	<b>Service</b>
Health Services Fee*	\$387	\$387	Access to Health Services at Columbia University
Basic Insurance	\$1,033 (\$387 for Health Services included)	\$1,379 (\$387 for Health Services included)	See "Health Services" brochure or website
Comprehensive Insurance	\$1,309 (\$387 for Health Services included)	\$1,809 (\$387 for Health Services included)	See " Health Services " brochure or website

**Enrollment/Waiver Form**

**All students, regardless of their status, are required to complete the attached Enrollment/Waiver Form.**

The JTS health insurance plan is an annual plan; the election you make is for the Fall 2009 semester and the Spring 2010 semester. A new Enrollment/Waiver Form has to be completed every fall.

List College students: Please complete the JTS Student Health Services Enrollment/Waiver form. You should **not** complete Columbia's enrollment/waiver. JTS will coordinate your enrollment/waiver with Columbia.

Full-time students and students in JTS apartments or residence halls (Brush Hall, Goldsmith Hall or Mathilde Schechter Residence Hall) who provide proof of comparable insurance, may opt out of the JTS health insurance plan but will be automatically enrolled in Columbia Health Services.

Students in the following categories are not required to have health insurance and will not be charged the Columbia Health Services fee unless residing in a JTS residence (Brush Hall, Goldsmith Hall or Mathilde Schechter Residence Hall): Non-matriculated, Extended Residence, Continuous Registration, Students on leave of absence, and Defense Semester Students.

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**THIS FORM MUST BE COMPLETED BY ALL STUDENTS BY JUNE 30, 2009.**

**Student Information for 2009-2010:**

Name \_\_\_\_\_ Social Security \_\_\_\_\_

Home Address (Street, City, State, Zip): \_\_\_\_\_

\_\_\_\_\_

School Address(Street, City, State, Zip): \_\_\_\_\_

\_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please indicate your enrollment status for the 2009-2010 Academic Year:

- Full Time Student / Residential
- Part Time Student
- Barnard Student
- Dual Degree Student (Columbia / JTS)
- Studying Abroad:
  - Fall 2009
  - Spring 2010
  - Academic Year 2009-2010

**Student Health Plan Enrollment:**

I do not have my own coverage and I wish to enroll in:

\_\_\_\_\_ Basic Health Insurance Plan (**minimum**)

\_\_\_\_\_ Comprehensive Health Insurance Plan

**PLEASE TURN OVER FORM AND COMPLETE THE OTHER SIDE →**

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**Student Health Plan Waiver:**

Please note that your alternate plan must meet ALL of the following six criteria:

1. My plan provides coverage for all medically necessary care including routine and emergency services while I am in New York City, or traveling or studying in the United States and abroad.
2. The maximum benefit for my coverage is at least \$300,000 per lifetime.
3. My coverage will remain in force as long as I am a registered student, including approved leave of absence for medical reasons and non-degree status at Columbia University.
4. My coverage is effective as of September 1, 2009 (January 20, 2010 for new spring enrollees and June 1, 2010 for new summer enrollees) and the plan will cover me for any pre-existing conditions.
5. My plan covers all of the following types of care: treatment for injuries resulting from the practice or play of athletics, inpatient and outpatient psychiatric care and treatment for chemical dependency.
6. My coverage is provided by a company licensed to do business in the United States and has a U.S. claims office and telephone number. Foreign state government plans do NOT meet this requirement.

Please note that Medicaid plans are not considered comparable to the University's plan.

Please provide the following information and **attach a copy of proof of comparable coverage** (ie insurance card).

Name of Medical Insurance company \_\_\_\_\_

Address (Street, City, State, Zip):

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_

I have read the description of coverage provided to students at JTS. I understand I am legally responsible for any medical expenses incurred during my enrollment at JTS.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Student or Parent/Guardian (if Student is under 18)