

# important insurance waiver information

Columbia University requires all full-time students to have health insurance coverage. We offer the Columbia Student Medical Insurance Plan (Columbia Plan) to provide students with access to consistent, efficient care that complements the comprehensive programs and services offered on campus.

For information about benefits and complete list of specific features of the Columbia Plan, please visit [www.health.columbia.edu](http://www.health.columbia.edu)

All students are automatically enrolled in the Columbia Plan. To request a waiver from this automatic enrollment, submit a request at [www.health.columbia.edu](http://www.health.columbia.edu) by the deadline below.

In order for a waiver to be approved, students must document enrollment in a comparable alternate medical insurance plan that meets the criteria listed on the reverse of this card. *All requests are considered but approval is not guaranteed.*

All full-time students are also charged the Health Service Fee. This fee is mandatory for full-time and residential students regardless of the type of insurance coverage carried and cannot be waived.

## **submitting a waiver request**

Submit your waiver request at [www.health.columbia.edu](http://www.health.columbia.edu) by the deadline below. Please print a copy of the confirmation page for your records.

## **waiver request submission deadlines**

Fall	September 30, 2009
Spring <i>(new enrollees only)</i>	February 1, 2010
Summer <i>(new trimester enrollees only)</i>	June 14, 2010

## **insurance charges on the student bill**

Please note that even if your waiver request is approved, an insurance charge may appear on your first E-Bill. If approved, that charge will be reversed on a subsequent E-Bill.

## **criteria for comparable alternate medical insurance coverage**

In order to waive the Columbia Plan, students must document comparable coverage in another insurance plan including specific information identifying the insurance carrier and primary subscriber. Also determine if you will “age-out” of your current insurance plan carried by parents or legal guardians at 19, 21 or 23 years of age.

If you have not provided sufficient information or if your plan does not meet all of the requirements you will be contacted by the Health Services Insurance Office. You may be asked to provide additional information or be automatically enrolled in (and charged for) the Basic Level of the Columbia Plan. Please review your alternate coverage to determine if it meets the 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 or abroad.

*\* Please refer to the Detailed Health Insurance plan brochure for a definition of medically necessary.*

**2/** The lifetime maximum benefit for my coverage is at least \$300,000 per condition.

**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 on September 1, 2009 (January 19, 2010 for new Spring enrollees, and June 1, 2010 for new Summer enrollees) through August 31, 2010, and 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.