

Office of Human Resources
Student Health Services and Medical Insurance
2008-2009

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, 2008.

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 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.

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.

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/>.

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Schedule of Premiums

Coverage Period	Fall 2008	Spring 2009	Service
Health Services Fee**	\$387	\$387	Access to Health Services at Columbia University
Basic Insurance	\$978 (\$387 for Health Services included)	\$1,294 (\$387 for Health Services included)	See "Health Services" brochure or website
Comprehensive Insurance	\$1,232 (\$387 for Health Services included)	\$1,690 (\$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 2008 semester and the Spring 2009 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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Enrollment/Waiver Form

THIS FORM MUST BE FILLED OUT BY ALL STUDENTS BY JUNE 30, 2008.

Student Information for 2008-2009

Name _____ Social Security _____

Home Address _____

School Address _____

Email Address _____ Cell Phone _____

I have my own health insurance Yes No

If yes, please provide the following information and attach a copy of proof of coverage (ie insurance card).

Name of Medical Insurance company _____

Address _____

Telephone Number _____

Name of Policy Holder _____ Policy Number _____

I have read the description of coverage provided to students at JTS. It is my judgment that I have comparable coverage that will be in force for the full academic year and I have therefore chosen to waive this plan. 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)

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

Basic Health Insurance Plan (**minimum**)

Comprehensive Health Insurance Plan

Signature _____ Date _____

Student or Parent/Guardian (if Student is under 18)