

**Jewish Theological Seminary
Office of Human Resources
Student Health Insurance Information and Enrollment/Waiver Form
Academic Year 2011-2012**

Instructions

Please read the information below before deciding which form is appropriate for you to fill out: the (1) Student Health Insurance Enrollment Form (on p. 6) or the (2) Student Health Insurance Waiver Form (on p. 7-8). **We encourage you to complete and return the applicable form to the Office of Human Resources by June 30th, 2011. However, the very last day to submit your form is September 30th, 2011 (the deadline for new spring enrollees is February 1st, 2012).**

PLEASE NOTE THAT YOU MUST COMPLETE THE APPLICABLE FORM AT THE START OF EVERY ACADEMIC YEAR. Your enrollment/waiver will be valid for the entire academic year, but does not transfer from year to year.

You may return the completed form either:

1. In Person: Office of Human Resources at Unterberg 108 (M-Th 8:00AM – 5:30PM)
2. E-mail: hrdept@jtsa.edu
3. Fax: 212-678-8833
4. Mail: Jewish Theological Seminary, Office of Human Resources, 3080 Broadway, New York, NY 10027

Student Health Insurance

The Jewish Theological Seminary's Office of Human Resources administers student health insurance through the Columbia Student Medical Insurance Plan (Columbia Plan). There are two parts to the Columbia Plan:

1. Columbia Health Program Fee (Columbia Health): Allows access to the primary care (in addition to other) services provided by Columbia Health, located in John Jay Hall on Columbia's campus. *NOTE: All full-time and residential students are automatically enrolled and charged for Columbia Health.*
2. Basic/Comprehensive Level of the Columbia Plan: This plan is administered by Aetna Student Health, and is generally (but not always) used for specialist services.

Important Information

All full-time and residential students are required to have health insurance, and to provide proof of that coverage to the Office of Human Resources. For the purposes of student health insurance, full-time is defined as 9 credits or more - irrespective of school. All residential students (living in Mathilde Schechter Residence Hall, Brush Residence Hall, and Goldsmith Residence Hall), regardless of registration status, are required to have health insurance and to provide proof of that coverage to the

Office of Human Resources.

Proof of coverage must be provided in one of two ways: (1) Enrolling in either the Basic or Comprehensive Level of the Columbia Plan by completing the Student Health Insurance Enrollment Form on p. 6 OR (2) Waiving out of the Columbia Plan as a result of comparable coverage by completing the Student Health Insurance Waiver Form on p. 7-8. Please see the rules of comparable coverage listed on the Student Health Insurance Waiver Form on p. 7-8 prior to completing the form.

We encourage you to complete and return the applicable form to the Office of Human Resources by June 30th, 2011. However, the very last day to submit your form is September 30th, 2011 (the deadline for new spring enrollees is February 1st, 2012). As a full-time or residential student you are automatically enrolled and charged for the Basic Level of the Columbia Plan unless you complete the applicable Enrollment or Waiver form. Please note that it is in your best interest to complete the Student Health Insurance Enrollment Form even if you wish to elect the Basic Level of the Columbia Plan.

Columbia Health Program

All full-time and residential students are automatically enrolled and charged for Columbia Health irrespective of whether or not the student waives out of the Basic/Comprehensive Level of the Columbia Plan. We, therefore, encourage you to utilize Columbia Health which provides urgent, routine, and follow-up medical care. The services offered include primary care, women's health, counseling, and wellness programs. More information about Columbia Health can be found on their website: <http://www.health.columbia.edu/>

Basic/Comprehensive Level of the Columbia Plan

The Basic/Comprehensive Level of the Columbia Plan is underwritten by Aetna Student Health, and is an annual plan. Complete plan details, dependent enrollment, early enrollment, and continuation coverage options are available at Aetna Student Health's website: http://www.aetnastudenthealth.com/stu_conn/student_connection.aspx?groupid=704502.

Basic Level: Provides students with emergency care, prescription coverage, physician office visits, outpatient and inpatient hospitalization as well as mental health services.

Comprehensive Level: Includes all of the benefits provided under the Basic Level as well as extensive benefits in certain other areas.

Important Points:

Referrals

- **Primary/Specialist Services:** The Columbia Plan requires an annual referral from Columbia Health for all off-campus medical services.
- **Mental Health Services:** The Columbia Plan does not require an annual referral from Columbia Health for all off-campus mental health services, but students must first obtain an initial referral.

Spouse/Domestic Partner Enrollment

- All students wishing to enroll their dependent spouse or domestic partner will need to provide the Office of Human Resources with acceptable documentation to verify the dependent's eligibility for enrollment. Acceptable forms of documentation include:
 - Spouse: Marriage Certificate
 - Domestic Partner: Certificate of Domestic Partnership
- Your dependent application will not be accepted by Aetna Student Health without our verification. If you fail to provide documentation, your dependent's coverage cannot be activated and the premium will be refunded. The deadline for submitting documentation for the 2011-2012 Academic Year is September 30th, 2011.
- Please note that you will need to complete this verification only once, and there will be no need to submit documentation again unless you are enrolling a different spouse or domestic partner.

Schedule of Premiums

Coverage Period	Fall 2011 (9/1/2011 – 1/16/2012)	Spring 2012 and Summer 2012 (1/17/2012 – 8/31/2012)	Service
Columbia Health Program Fee	\$450	\$450	Access to Columbia Health
Basic Level	\$990 (Columbia Health Program Fee NOT Included)	\$1,522 (Columbia Health Program Fee NOT Included)	See Aetna Student Health's website for more details (listed above)
Comprehensive Level	\$1,431 (Columbia Health Program Fee NOT Included)	\$2,207 (Columbia Health Program Fee NOT Included)	See Aetna Student Health's website for more details (listed above)

The Columbia Plan is an annual plan with coverage dates from September 1st, 2011 – August 31st, 2012. **The plan election made is for the entire academic year, and cannot be changed in the middle of a plan year.**

Exempt Status Students

Students in the following categories are NOT required to have health insurance, and will NOT automatically be enrolled in Columbia Health (unless residing in JTS housing):

- A. Part-Time Students (less than 9 credits irrespective of school)
- B. Non-matriculated

- C. Extended Residence
- D. Matriculation and Facilities
- E. Continuous Registration
- F. Leave of Absence
- G. Defense Semester
- H. Distance Learning
- I. Executive Doctoral
- J. Special Registration
- K. Consortium Students

Students who fall into the exempt status categories listed above may CHOOSE to enroll in the Basic/Comprehensive Level of the Columbia Plan by completing the Student Health Insurance Enrollment Form on p. 6. Please note that students who elect to enroll in the Basic/Comprehensive Level of the Columbia Plan will automatically be enrolled and charged for Columbia Health as this is a component of the Columbia Plan.

Additional Notes

List College Students

Joint Program, Columbia University Students: Please complete the JTS Student Health Insurance Enrollment/Waiver Form and **NOT** Columbia's Student Health Insurance Enrollment/Waiver Form. JTS's Office of Human Resources administers your student health insurance and **NOT** Columbia's Insurance Office.

Double Degree Program, Barnard Students: For students in the Double Degree Program health services and insurance are administered through Barnard College. Double Degree students should **NOT** complete the JTS Student Health Insurance Enrollment/Waiver Form.

Rabbinical and Cantorial Students Studying Abroad

Full-time Rabbinical and Cantorial students studying abroad are **NOT** considered exempt, and are still required to have health insurance, and to provide proof of that coverage to the Office of Human Resources. *Full-time Rabbinical and Cantorial students are automatically enrolled and charged for Columbia Health.*

Disclaimer

The Columbia Student Medical Insurance Plan may not cover all of your health care expenses. The plan excludes coverage for certain services and contains limitations on the amounts it will pay. Please read the Student Health Insurance Plan brochure posted on Aetna Student Health's website (see link on p. 2) carefully before deciding which plan is right for you. While this document will tell you about some of the important features of the Plan, other features may be important to you and some may further limit what the Plan will pay. It is also important to note that routine care is not covered for dependents enrolled in the Columbia Plan.

2011-2012 Benefit Changes

Please note the 2011-2012 benefit changes to the Columbia Plan. The plan has been enhanced in certain areas as highlighted below:

Health Program

ENHANCED BENEFIT:

- Male and female students, 26 years or younger, enrolled in Columbia Health will no longer be charged for the HPV vaccine when administered at Columbia Health.

Basic Level

ENHANCED BENEFITS:

- The annual maximum for prescription medications will increase from \$1,500 to \$2,000.
- There will be an annual 8 visit limit per condition for physical therapy, and the annual \$500 maximum will be eliminated.
- There will be a \$6,000 annual maximum for out-of-pocket expenses excluding copays.
- The per visit/service copay will increase from \$25 to \$30.

Comprehensive Level

ENHANCED BENEFITS:

- The annual maximum for prescription medications will increase from \$7,500 to \$10,000.
- There will be a \$4,000 annual maximum for out-of-pocket expenses excluding copays. This applies to out-of-network care only.
- The per visit/service copay will increase from \$10 to \$15.

Basic and Comprehensive Level

ENHANCED BENEFIT:

- If you receive off-campus medical care without a referral in advance from Columbia Health, you will be reimbursed at 50% of the payable benefits.
- The prescription medication copays will increase as follows:

Tiers	Type	Increase
Tier 1	Generic Brand	\$7 to \$10
Tier 2	Covered Brand Name (On Preferred Drug List)	\$25 to \$30
Tier 3	Covered Brand Name (Not On Preferred Drug List)	\$40 to \$45

- The per visit copay for outpatient mental health services will increase from \$10 to \$15 (NOTE: Copay also applies to 7 visit included under Columbia Health).

Student Health Insurance Enrollment Form Academic Year 2011-2012

A. Please indicate your information:

Name: _____ Social Security Number: _____

Date of Birth: _____ Gender: Male Female

Home Address: _____
Street and Apt #

_____ City _____ State _____ Zip Code

Phone Number: _____ E-mail Address: _____

B. Please indicate your enrollment status for the 2011-2012 Academic Year (check one):

- Full-Time Student (9 credits or more) Not Full-Time Student BUT Residing in JTS Housing
- Part Time Student (less than 9 credits) Barnard Student
- Exempt Status Student (please specify): Other (please specify):

C. Please indicate which type of coverage you are choosing:

- Basic Level (**minimum**)
- Comprehensive Level

D. Please signify your understanding:

I have read the description of coverage provided to students at The Jewish Theological Seminary (JTS). Furthermore, I understand that I am legally responsible for any medical expenses incurred during my enrollment at JTS. (Parent/Guardian should sign if student is under the age of eighteen).

Signature of Student or Parent/Guardian

Date

Student Health Insurance Waiver Form

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A. Please indicate your information:

Name: _____ Social Security Number: _____

Date of Birth: _____ Gender: Male Female

Home Address: _____
Street and Apt #

_____ City State Zip Code

Phone Number: _____ E-mail Address: _____

B. Please indicate your enrollment status for the 2011-2012 Academic Year (check one):

- Full-Time Student (9 credits or more) Not Full-Time Student BUT Residing in JTS Housing
- Part Time Student (less than 9 credits) Barnard Student
- Exempt Status Student (please specify): Other (please specify):

C. By signing the Student Health Insurance Waiver Form you are choosing to waive out of the Basic/Comprehensive Level of Columbia’s Plan for the entire academic year unless in the case of a qualifying event. By signing the Student Health Insurance Waiver Form you are also asserting that you have comparable coverage which meets ALL of the following criteria:

1. My plan provides coverage for all medically necessary* care while I am in New York City or traveling in the United States or abroad. Alternate plans must provide routine and urgent care for both inpatient and outpatient medical and mental health services. A policy that provides only emergency or urgent care does not meet this requirement.
 - * Please refer to the detailed Health Insurance Plan Brochure on Aetna Student Health’s website (see link on p. 2) for a definition of medically necessary.
2. The lifetime maximum benefit for my coverage is at least \$300,000 per condition with no per incident maximums.

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- 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 the Jewish Theological Seminary.
- 4. My coverage is effective on September 1, 2011 (January 17, 2012 for new Spring enrollees) through August 31, 2012 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 plan is licensed to do business in the United States and has a U.S. based claims office and a U.S. telephone number so local hospitals and providers can contact your carrier to discuss your care and bill directly. Foreign state government plans do NOT meet this requirement.

D. Information of Comparable Plan (please remember to attach a copy of your health insurance card):

Please provide the following information and attach a copy of your health insurance card.

Name of Policy Holder: _____

Policy Number: _____

Name of Medical Insurance Company: _____

Address: _____
Street

_____ City State Zip Code

Phone Number: _____

E. Please signify your understanding:

I have read the description of coverage provided to students at The Jewish Theological Seminary (JTS). Furthermore, I understand that I am legally responsible for any medical expenses incurred during my enrollment at JTS. (Parent/Guardian should sign if student is under the age of eighteen).

Signature of Student or Parent/Guardian

Date