



Mail: 630 W. 168th Street, Mailbox 77, NY, NY 10032
Location: 60 Haven Avenue, NY, NY 10032 | Tel. 212-305-3400 | Fax 212-342-3955

Insurance Waiver Criteria

- Minimum of \$500,000 lifetime benefits *per accident or illness*
- Covers you nationally and overseas
- If you are a clinical student, includes coverage for testing and medications for needlestick or other blood-borne pathogen exposures
- At least 80% coverage of hospital fees
- Annual deductible \$1000 or less
- Out-of-pocket maximum per year of no more than \$5000
- Inpatient hospitalization coverage of both mental health and substance abuse for a minimum of 30 days; outpatient coverage for mental health and substance abuse of at least 20 visits per year
- Ability to obtain non-emergent care, emergency care and hospitalization within 50 miles.
- Coverage extends for entire school year, including summers.
- Insurance Company has a US address, telephone number and claims processing unit.
- Plan covers pre-existing conditions at time of CUMC enrollment

Financial Responsibility Statement

I have checked my policy coverage to be sure it meets the waiver requirements outlined by Columbia University Medical Center.

I understand that these requirements are established to minimize my risk of exorbitant medical costs.

I understand that by waiving the Student Health Insurance Plan sponsored by Columbia University, that *I am accepting full financial responsibility for hospital, laboratory, physician, diagnostic testing and other medical costs not covered by my insurance.*