



Division of Student Affairs
www.ccis.edu/healthinsurance
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573-875-7400

Student Medical Insurance 2019-2020 Waiving Insurance

All full-time undergraduate students taking 12 or more credit hours are required to provide proof of Affordable Care Act Compliant Health Insurance or enroll in the Columbia College Student Medical insurance plan. The premium will be added to the student account unless proof of insurance is provided by the waiver deadline. You may waive coverage under this plan if you have health insurance that meets all the college's plan requirements and is approved by Columbia College. Once enrolled, the coverage cannot be cancelled, and the premium will not be refunded.

Waiver Portal Opens: **April 5, 2019**

Waiver Portal Closes: **September 3, 2019**

Rates	Annual	Fall	Spring 1	Spring
<i>*These rates have not yet been approved by the Missouri Department of Insurance (ADI), and are subject to change based on ADI review.</i>	8/1/2019-7/31/2020	8/1/2019-1/31/2020	1/1/2020-7/31/2020	2/1/2020-7/31/2020
Student	\$1,971.00	\$991.00	\$1,147.00	\$980.00

Waiving Insurance Checklist and Link: www.studentcenter.uhcsr.com/ccis

- ✓ Your student ID number and date of birth to access the site
- ✓ A copy of your current health insurance card
- ✓ The waiver must be completed in its entirety. You will be asked detailed questions so have the following available:
 - Insurance company name, policy holder's member ID and group number
- ✓ Go to the portal link to answer the waiver questions.

Waiver Questions:

1. Do you have current and active health insurance which provides coverage for the entire academic year (August 1 – July 31)? (I understand that my insurance company may be contacted to confirm coverage on a periodic basis.) YES ___ NO ___
2. Does your health insurance comply with all applicable Affordable Care Act (ACA) requirements therefore your insurance is also not a short-term medical policy? (Unlimited lifetime maximum, coverage for essential health benefits, and coverage for pre-existing conditions) YES ___ NO ___
3. My health insurance provides coverage for medical services in the state of Missouri. YES ___ NO ___
4. I understand the insurance information I am providing will be verified upon submission of this waiver request. YES ___ NO ___
5. If I am not an athlete answer "Yes" to this question. My current health insurance plan provides coverage for intercollegiate sports injuries up to \$10,000 and therefore does not exclude intercollegiate sports. YES ___ NO ___