

**Acknowledgment of Understanding and Commitment to Comply with
Medical Insurance Coverage Requirements (Attestation Form)
for Full-Time Postdoctoral Research and Clinical Fellows**

The Columbia University Postdoctoral Fellow health benefits policy issued on September 20, 2016, provides all full-time Postdoctoral Research and Clinical Fellows appointed at the University (Fellows), access to a subsidized UnitedHealthcare Choice Plus 80 plan (individual, plus dependent(s), or family) at a low fixed, annual cost. According to the policy, all full-time Postdoctoral Research and Clinical Fellows appointed at the University must carry health insurance, either through the University or through a comparable and comprehensive Non-University health plan. More information about the policy offered through the University can be found at: <http://provost.columbia.edu/node/292>. For Non-University health plans, Postdoctoral Fellows are responsible for verifying with the insurance providers that the policy meets the minimum insurance requirements listed below.

I understand that the only times I may enroll in a Columbia University administered health plan are within the first 31 days following my appointment as a full-time Postdoctoral Fellow, during the annual Columbia University benefits open enrollment period, or following a qualifying life event;

I understand that I may also be subject to the requirements of the Affordable Care Act (ACA) and, if so, will purchase insurance that meets the requirements set forth in the ACA legislature; and

I understand that my failure to comply with these medical insurance coverage requirements will constitute a violation of Columbia University policy.

Attestation of Coverage Selected

_____ I am electing to enroll in a UnitedHealthcare Choice Plus health insurance plan.

_____ I am electing NOT to enroll in a UnitedHealthcare Choice Plus health insurance plan. I understand the specific minimum medical insurance coverage requirements of holding a full-time Postdoctoral Research or Clinical Fellow appointment at Columbia University, and that I am solely responsible for obtaining and maintaining this medical insurance coverage for the duration of my Postdoctoral Fellow appointment at the University.

Signature _____ Date _____

Print Name _____

Admin Department Number _____ Admin Department Name _____

Department Administrator _____ DA Signature _____

**Original form must be attached to the Postdoctoral Fellow's appointment/reappointment documents
(Nomination/TBH/PAF/Roster).**

**IF FORM IS COMPLETED DURING BENEFITS OPEN ENROLLMENT, PLEASE SEND FORM TO THE
DIVISION OF ACADEMIC APPOINTMENTS**

(ps27@columbia.edu)

The insurance coverage minimums

<p>The insurance coverage must meet these minimums:</p> <p>Your current plan must provide coverage for both in-patient and out-patient medical care in the New York City area, including but not limited to routine care, specialist office visits, diagnostic testing and imaging. Your coverage must not limit coverage to emergency or urgent medical or mental health care in the New York City area;</p> <p>Your current plan must cover in-patient and out-patient mental health care and substance abuse treatment care in the New York City area;</p> <p>Your plan must cover prescription drugs;</p> <p>Minimum medical benefit of \$100,000 per person per accident or illness;</p> <p>Deductible that does not exceed \$500 per accident or illness;</p> <p>Minimum repatriation of remains in the amount of \$25,000;</p> <p><u>For J-1 visa holding Postdoctoral Fellows:</u></p> <p>Minimum medical evacuation expenses in the amount of \$50,000; and</p> <p>May Include provision for co-insurance paid by J-1 not to exceed 25% of covered benefits per accident or illness.</p> <p>Insurance policies:</p> <p>May require a waiting period for pre-existing conditions that is reasonable as determined by current industry standards; and</p> <p>Shall not unreasonably exclude coverage for the perils inherent to the activities of the exchange program in which you participate.</p>	<p>The policy, plan, or contract secured to meet these insurance requirements must at minimum be:</p> <p>Underwritten by an insurance corporation having:</p> <ul style="list-style-type: none"> ○ An A.M. Best rating of “A-“ or above; or ○ A McGraw Hill Financial/Standard & Poor Claims-paying Ability rating of “A-“ or above; or ○ A Weiss Research, Inc. rating of “B+” or above; or ○ A Fitch Ratings, Inc. rating of “A-“ or above; or ○ A Moody’s Investor Services rating of “A3” or above; or <p><u>For Fellows on visas:</u> Be backed by the full faith and credit of the exchange visitor’s home country; or</p> <p>Part of a health benefits program offered on a group basis to employees or Fellows by a designated sponsor; or</p> <p>Offered through or underwritten by a federally qualified Health Maintenance Organization or eligible Competitive Medial Plan as determined by the Centers of Medicare and Medicaid Services of the U.S. Department of Health and Human Services.</p>
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