

PLEASE ATTACH proof of alternate insurance (copy of an insurance ID card with a policy number) and submit this waiver form to the Student Accounts Office. Any field left blank on this form, or a waiver submitted without attached proof will be considered incomplete and therefore invalid.

CCA Health Insurance Waiver Form

Student Name _____ CCA ID# _____

We highly encourage you to fully consider the CCA-sponsored health insurance plan. Below are some of the benefits of the CCA-sponsored plan available through Kaiser Permanente. Should you choose to waive out of the CCA-sponsored health insurance plan, we strongly suggest that your health insurance coverage includes the “independent health insurance recommendations.” *** **For questions regarding the CCA Kaiser Plan, contact STUDENT AFFAIRS at student-affairs@cca.edu. For questions regarding the CCA Waiver Form, contact STUDENT ACCOUNTS at studentaccounts@cca.edu.** ***

<u>Medical Benefits</u>	<u>CCA Kaiser Plan</u>	<u>Independent Health Insurance Recommendations</u>
Deductible amount	No deductible	Less than \$3,000
Co-pay amount	\$20 co-pay for office visits	Less than \$40 for office visits
Lifetime benefit maximum	Unlimited lifetime maximum insurance benefits	Unlimited lifetime maximum insurance benefits
Distance to health providers from CCA	Oakland: Kaiser is approximately 2 miles from CCA San Francisco: Kaiser is approximately 3.5 miles from CCA	Prescription drug, emergency care, mental health care and primary care coverage should be within 30 miles of both CCA campuses
Prescription cost	\$10-\$30 per 30-day prescription	Less than \$60 per 30-day prescription

In order to waive the CCA Health Insurance, this form must be submitted on or before **09/16/2011** for a Fall 2011 term waiver and **01/27/2012** for a Spring 2012 term waiver.

I have read and understand the above. I wish to waive the CCA Health Insurance. I am covered by an alternate health insurance policy. My waiver for the Fall 2011 term will also apply to the Spring 2012 term unless I reverse my waiver in person with the Student Accounts Office by 01/27/2012.

Insurance Carrier _____ Group# _____

*Please do not use your Social Security Number as your Group#.

Student Signature _____ Date _____

*****International (F-1 and J-1 visa) students have additional requirements to waive out of the CCA Kaiser Plan and are required to submit their waiver directly to the ISAP office in Student Affairs Suite located in 80 Carolina in SF*****