

CHOICE NOT TO ENROLL IN VCOM HEALTH INSURANCE DUE TO MEDICAID

Name _____

Class Year: _____

VCOM is offering student health insurance to all enrolled students at no additional cost to the student. I plan to not enroll in VCOM's health insurance plan due to having Medicaid as my current insurance. I understand and agree to the following:

1. I am affixing my signature below to certify that I am eligible for and have confirmation that I have Medicaid as my insurance provider.
2. I agree that I must complete this certification annually prior to August 1 of each year to prove I have health insurance through Medicaid since I am declining insurance through VCOM. All VCOM students must have health insurance at all times (maximum deductible of \$2,300 and 80% or greater payment by the insurance provider after the deductible). Maintaining enrollment in Medicaid or obtaining alternative health insurance until I may be enrolled during open enrollment in VCOM's plan is my responsibility and failure to do so may result in suspension and other disciplinary action.
3. By turning down VCOM's insurance, I understand that I am not eligible to enroll in the VCOM plan until the next open enrollment period (for coverage effective July 1, 2020) unless I experience an INVOLUNTARY loss of my Medicaid. If I no longer qualify for Medicaid I understand I am eligible to enroll in the VCOM plan based on an INVOLUNTARY termination of coverage.
4. If my Medicaid insurance is VOLUNTARILY terminated I understand that I am not qualified for enrollment in the VCOM plan until the next open enrollment period. This is a policy set by the program administrator and insurance company, not by VCOM, therefore, VCOM cannot make exceptions for you. You should be sure to determine the implications of any changes which could be considered a VOLUNTARY termination of coverage before making those changes (e.g., changing legal state of residency, changing your income structure, etc.).
5. If I am not eligible to be on VCOM's plan due to loss of Medicaid coverage, I understand and agree that I must obtain appropriate health coverage on my own and at my own expense until the open enrollment period allows me to be placed on the VCOM insurance.
6. I understand that by not enrolling in VCOM health insurance I am not eligible for any monetary reimbursements from the VCOM health insurance fund. I also understand that there is no adjustment to financial aid.
7. I understand that if I wish to use the VCOM Student Health Clinic, I must still follow the same VCOM health plan requirements as all other students at the VCOM student health clinic (example, all OMSI-III students must have a wellness physical and structural exam, etc.)
8. I understand that it is my responsibility to learn the requirements and policies affecting my Medicaid policy.
9. I understand that tuition is not impacted by my choice to enroll or not enroll in VCOM's health insurance.

Signature

Date