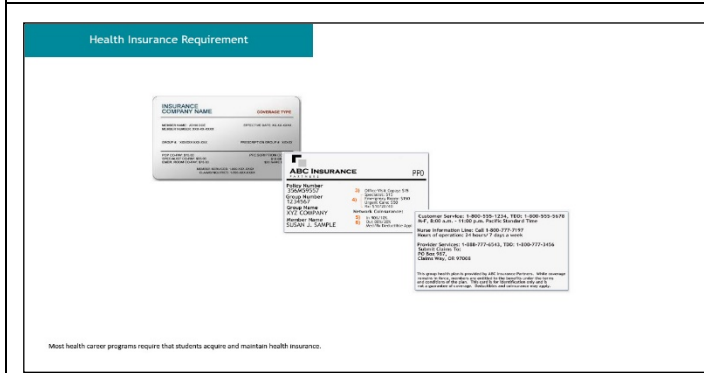
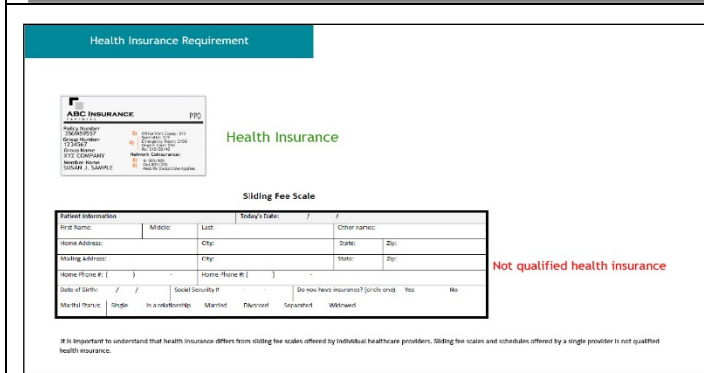


Welcome to the online support series for fulfilling background checks and health requirements for allied health and nursing programs at Tri-C.

In this module you will learn how to fulfill the health insurance requirement.

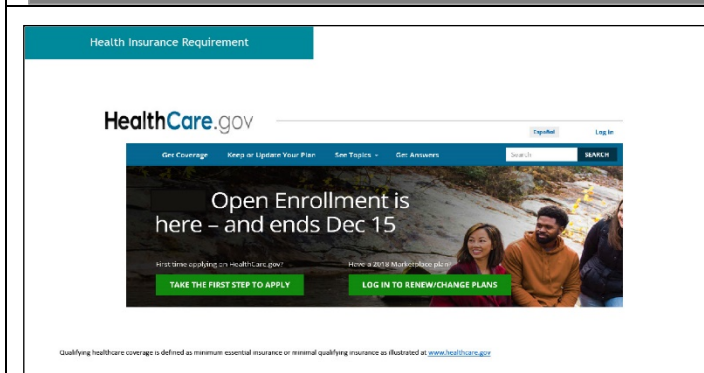


Most health career programs require that students acquire and maintain health insurance.



It is important to understand that health insurance differs from sliding fee scales offered by individual healthcare providers.

Sliding fee scales and schedules offered by a single provider is not qualified health insurance



Qualifying healthcare coverage is defined as minimum essential insurance or minimal qualifying insurance as illustrated at www.healthcare.gov

Health Insurance Requirement

HealthCare.gov

Start a 2019 application now!

Find Local Help | Get Contacted | See Plans & Prices | Act by Dec 15

If you are not currently insured, please visit the www.healthcare.gov website for guidance on how to obtain the minimally required insurance coverage. During open enrollment period (November 1 through Dec 15), you can enroll in insurance plans directly from this site. During other time periods, this site offers guidance on securing private independent coverage.

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Health Insurance Requirement

Prospective Health Career Students

- Health Career Programs
- Health Careers Application Roundtable
- Request a Program Specific Application Package

Prospective and Newly Accepted Students

Check with your program manager to ensure you've provided your health insurance and background checks

- Take your own Family and Health Dependents to your college location
- Head to Personal Services Completion Guide
- Check your class schedule for healthcare and foundation
- Background Check Information (PDF)
- Student Resources

ABC INSURANCE PPO
 Policy Number: 123456789
 Group Name: ABC COMPANY
 Member Name: JOHN L. SMITH

MEDIGAR HEALTH INSURANCE
 JOHN L. SMITH
 ID: A7E3-8W72
 HOSPITAL (PART A) MEDICAL (PART B)
 03-01-2018 03-01-2018

Students must be insured either upon enrollment or at time of clinical entry. Please check with your respective healthcare program.

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Health Insurance Requirement

HEALTH INSURANCE ATTESTATION

Student Name: _____
 Date of Birth: _____
 Relationship to Student: _____
 Insurance Provider: _____
 Policy Number: _____
 Group Number: _____

Students may obtain a copy of this form from their CastleBranch account under "My Documents." Complete the form and upload to CastleBranch. It will not be necessary to re-submit this form unless your insurance plan changes or you leave the program and re-enter.

Students may obtain a copy of the Health Insurance Attestation form from their CastleBranch account under "My Documents." Complete the form and upload to CastleBranch.

It will not be necessary to re-submit this form unless your insurance plan changes or you leave the program and re-enter.

Questions

If you have questions regarding this or any requirement, please contact your respective health career program.

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