

MEMBER RESPONSIBILITY - 2016-17 Plan Year

Columbia University - Morningside Campus	Gold - \$2,862 Fall: Aug 15 - Dec 31, 2016 - \$1,090 Spring: Jan 1 - Aug 14, 2017 - \$1,772		Platinum - \$4,164 Fall: Aug 15 - Dec 31, 2016 - \$1,586 Spring: Jan 1 - Aug 14, 2017 - \$2,578	
	Plan Features	In-Network	Out-of-Network	In-Network
Deductible per individual	\$200	\$600	\$0	\$600
Annual Out-of-Pocket Max (Integrated maximum for Preferred Care only. Includes Preferred \$200 deductible, Preferred copays, Preferred coinsurance, Preferred Rx copays)	\$5000 (In-Network only)	\$6000 (Non-preferred only)	\$3000 (In-Network only)	\$3000 (Non-preferred only)
Coinsurance	20%	50%	0%	30%
Maximum coverage per condition	Unlimited	Unlimited	Unlimited	Unlimited
Office Visit	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive	\$0	30% after deductible	\$0	30% after deductible
Physician	\$40*	30% after deductible	\$20*	30% after deductible
Testing	In-Network	Out-of-Network	In-Network	Out-of-Network
Lab/Diagnostic Test/preadmission testing	20% after deductible	50% after deductible	\$0	30% after deductible
High Cost Imaging copay/coinsurance	20% after deductible	50% after deductible	\$50	30% after deductible
ADD testing/treatment	20% after deductible	50% after deductible	\$50	30% after deductible
Inpatient	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient Hospital Stay Facility fee	20% after deductible	50% after deductible	\$250	30% after deductible
Inpatient Hospital Stay Physician fee	20% after deductible	50% after deductible	Included above	30% after deductible
Emergency/Urgent	In-Network	Out-of-Network	In-Network	Out-of-Network
Emergency Room - inclusive of Facility and physician fees (copay waived if admitted to hospital)	\$125	\$125	\$125	\$125
Ambulance	20% after deductible	20% after deductible	\$100	\$100
Urgent care center	\$60	30% after deductible	\$40	30% after deductible
Outpatient/Other	In-Network	Out-of-Network	In-Network	Out-of-Network
Outpatient surgery facility fee	20% after deductible	50% after deductible	\$0	30% after deductible
Outpatient surgery physician fee	20% after deductible	50% after deductible	\$100	30% after deductible
Acupuncture Outpatient	\$40	30% after deductible	\$20	30% after deductible
Chiropractor	\$40	30% after deductible	\$20	30% after deductible
Physical Therapy Outpatient	\$40	30% after deductible	\$20	30% after deductible
Durable medical equipment	20% after deductible	50% after deductible	10%	30% after deductible
Termination of Pregnancy	20%	50% after deductible	0%	30% after deductible
Removal of Impacted Wisdom Teeth	20% after deductible	50% after deductible	\$20	30% after deductible
Dental injury only	20% after deductible	50% after deductible	\$20	30% after deductible
Behavioral Health	In-Network	Out-of-Network	In-Network	Out-of-Network
Mental Health- Outpatient	\$20	30% after deductible	\$20	30% after deductible
Mental health- Inpatient	20% after deductible	50% after deductible	\$250	30% after deductible
Substance abuse inpatient student	20% after deductible	50% after deductible	\$250	30% after deductible
Substance abuse outpatient student	\$20	30% after deductible	\$20	30% after deductible
Prescription Coverage	In-Network	Out-of-Network	In-Network	Out-of-Network
Contraceptives: Generics and Brands without a generic equivalent or alternative	\$0	30%	\$0	30%
Generic Drugs	\$20	30%	\$10	30%
Preferred Brand drugs	\$50	30%	\$35	30%
Non-Preferred Brand drugs	\$75	30%	\$50	30%

*Does not apply to on-campus medical service visits.