MEMBER RESPONSIBILITY - 2017-18 Plan Year

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Columbia University Student Health Insurance

	Gold - $2,991 Fall: Aug 15 - Dec 31, 2017 - $1,139 Spring: Jan 1 - Aug 14, 2018 - $1,852		Platinum - $4,560 Fall: Aug 15 - Dec 31, 2017 - $1,737 Spring: Jan 1 - Aug 14, 2018 - $2,823	
Plan Features	**In-Network**	**Out-of-Network***	**In-Network**	**Out-of-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	15%	45%	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 (copay does not apply to on-campus service visits)	$40	30% after deductible	$20	30% after deductible
Testing	**In-Network**	**Out-of-Network***	**In-Network**	**Out-of-Network***
Lab/Diagnostic Test/preadmission testing	15% after deductible	45% after deductible	$0	30% after deductible
High Cost Imaging copay/coinsurance	15% after deductible	45% after deductible	$50	30% after Deductible
ADD testing/treatment	15% after deductible	45% after deductible	$50	30% after Deductible
Inpatient	**In-Network**	**Out-of-Network***	**In-Network**	**Out-of-Network***
Inpatient Hospital Stay Facility fee	15% after deductible	45% after Deductible	$250	30% after deductible
Inpatient Hospital Stay Physician fee	15% after deductible	45% 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	15% after deductible	15% 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	15% after deductible	45% after deductible	$0	30% after deductible
Outpatient surgery physician fee	15% after deductible	45% 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	15% after deductible	45% after Deductible	10%	30% after deductible
Termination of Pregnancy	15%	45% after Deductible	0%	30% after deductible
Removal of Impacted Wisdom Teeth	15% after deductible	45% after Deductible	$20	30% after deductible
Dental injury only	15% after deductible	45% 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	15% after deductible	45% after Deductible	$250	30% after deductible
Substance abuse inpatient student	15% after deductible	45% 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%

*The Allowed Amount for Non-Participating providers is 105% of the Medicare rate. Please see the Plan Design and Benefit Summary for more information.