

MEMBER RESPONSIBILITY - 2018-19 Plan Year
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Columbia University Student Health Insurance

The 90 Plan
Fall: Aug 15 - Dec 31, 2018 - \$1222
Spring: Jan 1 - Aug 14, 2019 - \$1988

The 100 Plan
Fall: Aug 15 - Dec 31, 2018 - \$1627
Spring: Jan 1 - Aug 14, 2019 - \$2643

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)	\$4000 (In-Network only)	\$6000 (Non-preferred only)	\$3000 (In-Network only)	\$3000 (Non-preferred only)
Coinsurance	10%	40%	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)	\$30	30% after deductible	\$20	30% after deductible
Testing	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Lab/Diagnostic Test/preadmission testing	10% after deductible	40% after deductible	\$0	30% after deductible
High Cost Imaging copay/coinsurance	10% after deductible	40% after deductible	\$50	30% after deductible
ADD testing/treatment	10% after deductible	40% after deductible	\$50	30% after deductible
Inpatient	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Inpatient Hospital Stay Facility fee	10% after deductible	40% after Deductible	\$250	30% after deductible
Inpatient Hospital Stay Physician fee	10% after deductible	40% 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)	\$150	\$150	\$150	\$150
Ambulance	10% after deductible	10% 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	10% after deductible	40% after deductible	\$0	30% after deductible
Outpatient surgery physician fee	10% after deductible	40% after deductible	\$100	30% after deductible
Acupuncture Outpatient	\$30	30% after deductible	\$20	30% after deductible
Chiropractor	\$30	30% after deductible	\$20	30% after deductible
Physical Therapy Outpatient	\$30	30% after deductible	\$20	30% after deductible
Durable medical equipment	10% after deductible	40% after deductible	10%	30% after deductible
Termination of Pregnancy	10%	40% after deductible	0%	30% after deductible
Removal of Impacted Wisdom Teeth	10% after deductible	40% after deductible	\$20	30% after deductible
Dental injury only	10% after deductible	40% 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	10% after deductible	40% after deductible	\$250	30% after deductible
Substance abuse inpatient student	10% after deductible	40% 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	\$15	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.