

The Columbia Plan
Member Responsibility - 2021-2022 Plan Year
www.aetnastudenthealth.com/columbia

Fall
 August 15 - December 31, 2021 (\$1,483)

Spring/Summer
 January 1 - August 14, 2022 (\$2,409)

Plan Features	IN-NETWORK	OUT-OF-NETWORK
Deductible per individual	NONE	\$600
Annual Out-of-Pocket Max (Integrated maximum for Preferred Care only. Includes Preferred copays, Preferred coinsurance, Preferred pharmacy copays)	\$3000 (In-Network Only)	\$6000 (Non-Preferred Only)
Coinsurance	10%	40%
Maximum coverage per condition	Unlimited	Unlimited
Office Visit	In-Network	Out-of-Network*
Preventive	\$0	30% after deductible
Physician (copay does not apply on-campus)	\$30	30% after deductible
Testing	In-Network	Out-of-Network*
Lab/diagnostic test/preadmission testing	\$30	30% after deductible
High cost imaging (PET Scan, MRI, CAT Scan, etc)	10%	40% after deductible
ADD testing/treatment	10%	40% after deductible
Inpatient	In-Network	Out-of-Network*
Inpatient hospital stay facility fee	10%	40% after deductible
Inpatient hospital stay physician fee	10%	40% after deductible
Emergency/Urgent	In-Network	Out-of-Network*
Emergency Room - inclusive of facility and physician fees (Co-Pay Waived if Admitted to the Hospital)	\$150	\$150
Ambulance	\$100	\$100
Urgent care center	\$60	30% after deductible
Outpatient/Other	In-Network	Out-of-Network*
Outpatient surgery facility fee	10%	40% after deductible
Outpatient surgery physician fee	10%	40% after deductible
Acupuncture - outpatient	\$30	30% after deductible
Chiropractor	\$30	30% after deductible
Physical Therapy - outpatient	\$30	30% after deductible
Durable medical equipment	10%	40% after deductible
Dental injury only	10%	40% after deductible
Removal of impacted wisdom teeth	10%	40% after deductible
Termination of pregnancy	Covered in full	30% after deductible
Behavioral Health	In-Network	Out-of-Network*
Mental Health - outpatient	\$20	30% after deductible
Mental Health - inpatient	10%	40% after deductible
Substance abuse inpatient	10%	40% after deductible
Substance abuse outpatient	\$20	30% after deductible
Prescription Coverage	In-Network	Out-of-Network*
Contraceptives: Generics and Brands without a generic equivalent or alternative	\$0	30%
Generic drugs	\$15	30%
Preferred Brand drugs	\$50	30%
Non-Preferred Brand drugs	\$75	30%