

**The Columbia Plan**  
**Member Responsibility - 2022-2023 Plan Year**  
[www.aetnastudenthealth.com](http://www.aetnastudenthealth.com)

**Fall**  
 August 15 - December 31, 2022 (\$1,596)

**Spring/Summer**  
 January 1 - August 14, 2023 (\$2,593)

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
<b>Office Visit</b>	<b>In-Network</b>	<b>Out-of-Network*</b>
Preventive	\$0	30% after deductible
Physician (copay does not apply on-campus)	\$30	30% after deductible
<b>Testing</b>	<b>In-Network</b>	<b>Out-of-Network*</b>
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%	30% after deductible
<b>Inpatient</b>	<b>In-Network</b>	<b>Out-of-Network*</b>
Inpatient hospital stay facility fee	10%	40% after deductible
Inpatient hospital stay physician fee	10%	40% after deductible
<b>Emergency/Urgent</b>	<b>In-Network</b>	<b>Out-of-Network*</b>
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
<b>Outpatient/Other</b>	<b>In-Network</b>	<b>Out-of-Network*</b>
Outpatient surgery facility fee	10%	40% after deductible
Outpatient surgery physician fee	10%	40% after deductible
Acupuncture	\$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
<b>Behavioral Health</b>	<b>In-Network</b>	<b>Out-of-Network*</b>
Mental Health - outpatient	\$20	30% after deductible
Mental Health - inpatient	10%	40% after deductible
Substance abuse outpatient	\$20	30% after deductible
Substance abuse inpatient	10%	40% after deductible
<b>Prescription Coverage</b>	<b>In-Network</b>	<b>Out-of-Network*</b>
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%