

# ESSENTIAL BENEFIT COMPARISON FOR 2013-14:

## Columbia University Aetna Student Insurance & NY Exchange Plans

This chart compares cost-sharing information from the “NY State of Health Schedule of Benefits” to Columbia’s preferred care, in network, in area coverage for its student health insurance plan (Aetna Student Health).

**Coinsurance:** Your percent share of the cost of a covered health service.

**Copayment:** A fixed amount you pay for a covered health service.

Comparison Points	Columbia Basic Plan	Columbia Comprehensive Plan	Platinum	Gold	Silver
<b>Deductible (yearly)</b>	\$500 out of network only	\$500 (out of network only)	None	\$600	\$2,000
<b>Maximum Individual Out Of Pocket Limit</b>	\$6,000	\$4,000 (out of network only)	\$2,000	\$4,000	\$5,500
<b>Ambulatory Patient</b>					
<b>Ambulance*</b>	80% of the actual charge with a 30% copay	100% of the actual charge with a \$15 copay	\$100 copay	\$150 copay after deductible	\$150 copay after deductible
<b>Emergency Medical Services</b>					
<b>Emergency Room</b>	80% of the negotiated charge with a \$30 copay	100% of the negotiated charge with a \$15 copay	\$100 copay	\$150 copay after deductible	\$150 copay after deductible
<b>Urgent Care</b>	100% of the negotiated charge with a \$30 copay	100% of the negotiated charge with a \$15 copay	\$55 copay	\$150 copay after deductible	\$70 copay after deductible
<b>Hospitalization</b>					
<b>Inpatient Facility</b>	80% of the negotiated charge with a \$30 per admission	100% of the negotiated charge with a \$15 copay per admission	\$100 per admission	\$1,000 per admission after deductible	\$1,500 per admission after deductible
<b>Maternity/Newborn Care</b>					
<b>Maternity Care Stay</b>	80% of the negotiated charge with a \$30 copay per admission	100% of the negotiated charge with a \$15 copay per admission	\$500 per admission	\$1,000 per admission after deductible	\$1,500 per admission after deductible

\*No changes if Columbia University Emergency Medical Services (CU-EMS)

Comparison Points	Columbia Basic Plan	Columbia Comprehensive Plan	Platinum	Gold	Silver
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Prescription Drugs					
Tier 1	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay
Tier 2	\$30 copay	\$30 copay	\$30 copay	\$35 copay	\$35 copay
Tier 3	\$45 copay	\$45 copay	\$60 copay	\$70 copay	\$70 copay

Rehab & Habilitative Services					
Physical Therapy/ Osteopathic Therapy	100% of the negotiated charge with a \$30 copay	100% of the negotiated charge with a \$15 copay	\$25 copay	\$30 copay after deductible	\$30 copay after deductible

Laboratory Services					
Lab/ Pathology	80% of the negotiated charge with a \$30 copay	100% of the negotiated charge with a \$15 copay	\$15 copay	\$40 copay after deductible	\$50 copay after deductible
Imaging	80% of the negotiated charge with a \$30 copay	100% of the negotiated charge with a \$15 copay	\$35 copay	\$40 copay after deductible	\$50 copay after deductible



If you need disability accommodations to access this document please contact the Columbia Health Insurance and Immunization Compliance Office at (212) 854-3286.

Comparison Points	Columbia Basic Plan	Columbia Comprehensive Plan	Platinum	Gold	Silver
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Preventative & Wellness Services					
Primary Care Visit	100% of the negotiated charge with a \$30 copay	100% of the negotiated charge with a \$15 copay	\$15 copay	\$25 copay after deductible	\$30 copay after deductible

Mental Health & Substance Use Disorder Services					
Inpatient Services/ Detox	80% of the negotiated charge with a \$30 copay per admission	100% of the negotiated charge with a \$15 copay per admission	\$500 copay	\$1,000 copay after deductible	\$1,500 copay after deductible
Standard Visit	100% of the negotiated charge with a \$15 copay per visit (for mental health only; no copay for substance abuse visits)	100% of the negotiated charge with a \$15 copay per visit (for mental health only; no copay for substance abuse visits)	\$15 copay	\$25 copay after deductible	\$30 copay after deductible

## PLAN PREMIUM COMPARISON

2013-2014 Columbia Plan Annual Premiums		
	Basic Plan	Comprehensive
Student	\$2,291	\$3,157
Spouse/Domestic Partner	\$7,232	N/A
Child(ren)	\$3,633	N/A

2014 NY Individual Standard Plan Range (Pre-Subsidy)	
Platinum	\$5,084-\$11,583
Gold	\$4,333-\$9,816
Silver	\$3,834-\$8,300
Bronze	Plan does not meet Columbia waiver criteria

