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Aetna Student Health

Plan Design and Benefits Summary

PREFERRED PROVIDER ORGANIZATION

Columbia University

Policy Year: 2019 - 2020

Policy Number: 704502

www.aetnastudenthealth.com/columbia

(800) 859-8471



This is a brief description of the Student Health Plan. The Plan is available for Columbia University students and their eligible dependents. The Plan is underwritten by Aetna Life Insurance Company (Aetna). The exact provisions, including definitions, governing this insurance are contained in the Policy issued to you and may be viewed online at www.aetnastudenthealth.com/columbia. If there is a difference between this Benefit Summary and the Policy, the Master Policy will control.

Columbia University Morningside Campus

Columbia Health offers a wide array of services provided by Medical Services, Counseling and Psychological Services, Disability Services, Sexual Violence Response, and Alice! Health Promotion. Detailed information including hours of operation, student insurance information, and department services can be found at <http://health.columbia.edu/>.

For more information, call Columbia Health at (212) 854-2284.

Columbia University Irving Medical Center

Columbia University Irving Medical Center (CUIMC) Student Health Service (SHS) is CUIMC’s on-campus health facility for all students registered at CUIMC. SHS offers a wide array of services provided by Primary Care Medical Services, the Mental Health Service, and the Center for Student Wellness. Detailed information including hours of operation, student insurance information, and department services can be found at <http://www.cumc.columbia.edu/student-health/>.

For more information, call CUIMC Student Health Service at (212) 305-3400.

Teachers College, Jewish Theological Seminary, & Union Theological Seminary

Columbia Health offers a wide array of services to students from the three affiliate institutions. Detailed information including hours of operation and department services can be found at <http://health.columbia.edu/>.

For more information, call Columbia Health at (212) 854-2284.

Coverage Periods

Coverage will become effective at 12:00 AM on the Coverage Start Date indicated below, and will terminate at 11:59 PM on the Coverage End Date indicated.

Coverage Period	Coverage Start Date	Coverage End Date	Enrollment/Waiver Deadline
Annual	08/15/2019	08/14/2020	09/30/2019
Fall (Only applies to students completing their degree program in December 2019)	08/15/2019	12/31/2019	09/30/2019
Spring/Summer (Only applies to students joining the university in the Spring term)	01/01/2020	08/14/2020	02/15/2020
Summer (Only applies to students joining the university in the Summer term)	05/15/2020	08/14/2020	06/30/2020

Morningside & CUIMC Rates

The rates below include both premiums for the student health plan underwritten by Aetna Life Insurance Company, as well as \$8 per year for the OnCall travel program and \$29 per year (student) or \$58 per year (student+spouse) for Columbia University fees for preventive dental services provided by the Columbia University College of Dental Medicine.

Columbia University Student Health Insurance Plan – available to Morningside and CUIMC Campus students

	Fall Semester	Spring/Summer Semester	Summer*
Morningside/ CUIMC Student	\$1,304.00	\$2,129.00	\$867.00
Morningside/CUIMC Student + Spouse	\$2,608.00	\$4,258.00	\$1,733.00
Morningside/CUIMC Student + Child	\$2,597.00	\$4,240.00	\$1,722.00
Morningside/CUIMC Student + Children	\$3,889.00	\$6,352.00	\$2,578.00
Morningside/CUIMC Student + Spouse + Child	\$3,900.00	\$6,370.00	\$2,589.00
Morningside/CUIMC Student + Spouse + Children	\$5,193.00	\$8,481.00	\$3,445.00

*Summer fees only apply to students enrolling for the first time in summer.

Affiliate Campus Rates

The rates below include both premiums for the student health plan underwritten by Aetna Life Insurance Company, as well as \$8 per year for the OnCall travel program and \$29 per year (student) or \$58 per year (student+spouse) for Columbia University fees for preventive dental services provided by the Columbia University College of Dental Medicine.

Columbia University Student Health Insurance Plan – available to TC, JTS, and UTS students

	Fall Semester	Spring/Summer Semester	Summer*
Affiliate Student	\$1,603.00	\$2,618.00	\$1,065.00
Affiliate Student + Spouse	\$3,206.00	\$5,236.00	\$2,129.00
Affiliate Student + Child	\$3,195.00	\$5,218.00	\$2,118.00
Affiliate Student + Children	\$4,787.00	\$7,818.00	\$3,172.00
Affiliate Student + Spouse + Child	\$4,798.00	\$7,836.00	\$3,183.00
Affiliate Student + Spouse + Children	\$6,390.00	\$10,436.00	\$4,237.00

*Summer fees only apply to students enrolling for the first time in summer.

Student Coverage

Eligibility (Columbia Morningside)

Full-Time Domestic Students

All registered full-time domestic students at the Columbia University Morningside Campus are enrolled in the Columbia University Student Health Insurance Plan if no valid waiver request is submitted before the deadline.

Full-time domestic students must confirm a specific insurance selection every year by actively enrolling in the Columbia University Student Health Insurance Plan through the insurance selection portion of the Student Services OnLine (SSOL) by the published deadline, or request a waiver from enrollment in the Columbia University Student Health Insurance Plan and demonstrating coverage under another comparable policy. Enrollment in the Columbia University Student Health Insurance Plan, either by default enrollment or online selection, is effective only upon the student's registration for the term for which coverage will be active.

Once the student's insurance coverage decision has been determined for the Fall term, either by online selection, default enrollment, or waiver request, that decision will automatically be continued in the following Spring term as long as the student remains registered at the University. For students who do not register for the Spring 2020 Term, their insurance coverage will terminate on December 31, 2019.

Part-Time Domestic Students

During the open enrollment period part-time domestic students may choose to enroll in the Columbia University Student Health Insurance Plan. Enrolling in the plan will also automatically initiate enrollment in and required payment of the Health and Related Service Fee, which is required. Please visit health.columbia.edu for more information about Preferred Member Responsibility for Cost-Sharing and the Health and Related Service Fee. Part-time students who have been insured under the plan in previous years and wish to enroll again must re-enroll by the published deadline in order to avoid a break in coverage.

International Students

All international students, regardless of the number of registered credits, are required to enroll in the Columbia University Student Health Insurance Plan. Students will be enrolled in the Columbia University Student Health Insurance Plan before the published enrollment deadline. International students are not eligible to waive enrollment in the Columbia University Student Health Insurance Plan, except in very limited circumstances. Please visit health.columbia.edu/content/international-students for more information.

Funded Graduate Students

Please contact your departmental administrator, Financial Aid Office, or Fellowship Office for information about whether your school provides funding to cover any portion of the Columbia University Student Health Insurance Plan premium.

Student-Veterans

Student-veterans may be eligible for health care benefits through the Veterans Administration (VA) for illnesses and injuries related to their service. Columbia Health recommends that Columbia student-veterans confirm their status with the VA and visit the Veterans Affairs website at sfs.columbia.edu/departments/veterans-service. All full-time students will be enrolled in the Columbia University Student Health Insurance Plan unless a waiver request is submitted and approved by the waiver request deadline.

Students Studying Abroad

Students expecting to participate in any Study Abroad program are encouraged to consult with an Insurance Specialist at the Columbia University Student Health Insurance Office (Morningside) about the type of insurance coverage the student will rely on while traveling.

Eligibility (Columbia University Irving Medical Center)

Full-Time Domestic Students

All registered full-time domestic students at Columbia University Irving Medical Center (CUIMC) are enrolled in the Columbia University Student Health Insurance Plan if no valid waiver request is submitted. Students must confirm a specific insurance selection every year by actively confirming their enrollment in the Columbia University Student Health Insurance Plan by indicating through the insurance selection portion of the Student Services OnLine (SSOL) by the published deadline.

Waiver requests must be repeated annually and must demonstrate coverage under another comparable policy. Enrollment in the Columbia University Student Health Insurance Plan, either by default enrollment or online selection, is effective only upon the student's registration for the term for which coverage will be active.

Once the student's insurance coverage decision has been determined for the Fall term, either by online selection, default enrollment, or waiver request, that decision will automatically be continued in the following Spring term as long as the student remains registered at the University. It is not possible to change coverage levels in the Spring. For students who do not register for the Spring 2020 Term, their insurance coverage will terminate on December 31, 2019.

Part-Time Domestic Students

During the open enrollment period, part-time domestic students may choose to enroll in the Columbia University Student Health Insurance Plan. Enrolling in the plan will automatically initiate payment of the CUIMC Health and Related Service Fee, which is required. Please visit www.cumc.columbia.edu/student-health/ for more information about Preferred Member Responsibility for Cost-Sharing and the Health and Related Service Fee. Part-time students who have been insured under the plan in previous years and wish to enroll again must re-enroll by the published deadline in order to avoid a break in coverage.

International Students

All international students, regardless of the number of registered credits, are required to enroll in the Columbia University Student Health Insurance Plan. Students will be enrolled in the Columbia University Student Health Insurance Plan before the published enrollment deadline. International students are not eligible to waive enrollment in the Columbia University Student Health Insurance Plan, except in very limited circumstances. Please visit www.cumc.columbia.edu/student-health/insurance-and-administration/waiver for more information.

Funded Graduate Students

Please contact your departmental administrator, Financial Aid Office, or Fellowship Office for information about whether your school provides funding to cover any portion of the Columbia University Student Health Insurance Plan premium.

Student-Veterans

Student-veterans may be eligible for health care benefits through the Veterans Administration (VA) for illnesses and injuries related to their service. CUIMC Student Health Service recommends that Columbia University student-veterans confirm their status with the VA and, if necessary, complete the VA paperwork needed to receive benefits in the New York City area. All students will be enrolled in the Columbia University Student Health Insurance Plan unless a waiver request is submitted and approved by the waiver request deadline.

Eligibility (Teachers College)

Full-time (12 billable credits or more) and residential domestic students are enrolled in the Columbia University Student Health Insurance Plan or request a waiver from the Columbia University Student Health Insurance Plan before the published deadline. Part-time domestic students enrolled in degree-granting programs may elect enrollment in the Columbia University Student Health Insurance Plan, which also initiates payment of the Health and Related Service Fee.

International Students

All international students, regardless of the number of registered credits, are required to enroll in the Columbia University Student Health Insurance Plan. Students will be enrolled in the Columbia University Student Health Insurance Plan before the published enrollment deadline. International students are not eligible to waive enrollment in the Columbia University Student Health Insurance Plan, except in very limited circumstances. Please visit www.tc.columbia.edu/insurance-immunization-records/health-insurance/columbia-student-health-insurance/ for more information.

Eligibility (Jewish Theological Seminary)

Full-time and residential domestic students are enrolled in Columbia University Student Health Insurance Plan if no valid waiver request is submitted by the enrollment/waiver deadlines. Part-time and exempt status domestic students may elect enrollment in the Columbia University Student Health Insurance Plan, which also initiates payment of the Health and Related Service Fee.

International Students

All international students, regardless of the number of registered credits, are required to enroll in the Columbia University Student Health Insurance Plan. Students will be enrolled in the Columbia University Student Health Insurance Plan before the published enrollment deadline. International students are not eligible to waive enrollment in the Columbia University Student Health Insurance Plan, except in very limited circumstances. Please visit www.jtsa.edu/health-services for more information.

Eligibility (Union Theological Seminary)

Full-time and residential domestic students are enrolled in the Columbia University Student Health Insurance Plan. Part-time domestic students may elect enrollment in the Columbia University Student Health Insurance Plan, which also initiates payment of the Health and Related Service Fee.

International Students

All international students, regardless of the number of registered credits, are required to enroll in the Columbia University Student Health Insurance Plan. Students will be enrolled in the Columbia University Student Health Insurance Plan before the published enrollment deadline. International students are not eligible to waive enrollment in the Columbia University Student Health Insurance Plan, except in very limited circumstances. Please visit utsnyc.edu/life/student-affairs/health/insurance/ for more information.

How to Enroll

Morningside Campus

Eligible students will be enrolled in the Columbia University Student Health Insurance Plan unless the completed waiver application has been received and approved by Columbia University by the published enrollment deadline. To confirm enrollment in the Columbia University Student Health Insurance Plan (full-time students) or to request enrollment in the Columbia University Student Health Insurance Plan (part-time students), a student must enter the confirmation or request by indicating their choice through the insurance selection of Student Services OnLine (SSOL).

International students are not eligible to waive enrollment in the Columbia University Student Health Insurance Plan, except in very limited circumstances.

CUIMC Campus

Eligible students will be enrolled in the Columbia University Student Health Insurance Plan unless the student completes a waiver application that has been received and approved by Columbia University by the published enrollment deadline. All students should either confirm enrollment in the Columbia University Student Health Insurance Plan, or request a waiver by indicating their choice through the insurance selection of Student Services OnLine (SSOL).

International students are not eligible to waive enrollment in the Columbia University Student Health Insurance Plan, except in very limited circumstances.

Teachers College

Enrollment is coordinated by the TC Insurance and Immunization Records Office. For questions about Columbia Health and the Columbia Student Health Insurance Plan, please visit www.tc.edu/health.

International students are not eligible to waive enrollment in the Columbia University Student Health Insurance Plan, except in very limited circumstances.

Jewish Theological Seminary

Enrollment for JTS students is coordinated by the JTS Office of Human Resources. Please note that student health insurance for Double Degree Barnard College students is administered through Barnard. For questions about Columbia Health and the Columbia Student Health Insurance Plan, refer to the JTS Office of Human Resources' Student Health Insurance website at jtsa.edu/Campus_Life/Student_Services/Student_Health_Insurance.xml.

International students are not eligible to waive enrollment in the Columbia University Student Health Insurance Plan, except in very limited circumstances.

Union Theological Seminary

Enrollment is coordinated by the UTS Office of Student Life. For questions about enrollment, please refer to the UTS Office of Student Life. For questions about Columbia Health and the Columbia University Student Health Insurance Plan, please contact the UTS Office of Student Life.

International students are not eligible to waive enrollment in the Columbia University Student Health Insurance Plan, except in very limited circumstances.

Morningside Campus Dependent Coverage

Eligibility

Covered students may also enroll their lawful spouse, same-sex or opposite-sex domestic partner, and dependent children up to the age of 26.

Enrollment

To enroll the dependent(s) of a covered student, please complete the **Dependent Enrollment Form on the Columbia Health website**. The form, along with supporting documentation, should be submitted to the Columbia University Student Health Insurance Office. Please bring both the form and supporting documentation at the same time to ensure timely enrollment.

Dependent enrollment applications will not be accepted after the enrollment deadline unless there is a significant life change that directly affects their insurance coverage. An example of a significant life change would be loss of health coverage under another health plan.

Please contact the Columbia University Health Insurance Office at studentinsurance@columbia.edu or **212-854-3286** for more information or with any questions.

CUIMC Dependent Coverage

Eligibility

Covered students may also enroll their lawful spouse, same-sex or opposite-sex domestic partner, and dependent children up to the age of 26.

Enrollment

To enroll the dependent(s) of a covered student, please complete the **Dependent Enrollment Form on the CUIMC Student Health website**. The form, along with supporting documentation, should be submitted to the CUIMC Student Health Center at 100 Haven Avenue 2nd Floor, New York, NY 10032. Please bring both the form and supporting documentation at the same time to ensure timely enrollment.

Dependent enrollment applications will not be accepted after the enrollment deadline unless there is a significant life change that directly affects their insurance coverage. An example of a significant life change would be loss of health coverage under another health plan.

Please contact the CUIMC Insurance Office at shsinsurance@cumc.columbia.edu or **(212) 305-3400** for more information or with any questions.

Teachers College Dependent Coverage

Eligibility

Covered students may also enroll their lawful spouse, same-sex or opposite-sex domestic partner, and dependent children up to the age of 26.

Enrollment

To enroll the dependent(s) of a covered student, please complete the **Dependent Enrollment Form on the Teacher College Health website**. The form, along with supporting documentation, should be submitted to TC Insurance and Immunization Records Office. Please bring both the form and supporting documentation at the same time to ensure timely enrollment.

Dependent enrollment applications will not be accepted after the enrollment deadline unless there is a significant life change that directly affects their insurance coverage. An example of a significant life change would be loss of health coverage under another health plan.

Please contact the TC Insurance and Immunization Records Office at www.tc.edu/health for more information or with any questions.

Jewish Theological Seminary Dependent Coverage

Eligibility

Covered students may also enroll their lawful spouse, same-sex or opposite-sex domestic partner, and dependent children up to the age of 26.

Enrollment

To enroll the dependent(s) of a covered student, please complete the **Dependent Enrollment Form on the JTS website**. The form, along with supporting documentation, should be submitted to JTS Office of Human Resources, 3080 Broadway. Please bring both the form and supporting documentation at the same time to ensure timely enrollment.

Dependent enrollment applications will not be accepted after the enrollment deadline unless there is a significant life change that directly affects their insurance coverage. An example of a significant life change would be loss of health coverage under another health plan.

Please contact the JTS Office of Human Resources at **212-678-8014** or hrdept@jtsa.edu for more information or with any questions.

Union Theological Seminary Dependent Coverage

Eligibility

Covered students may also enroll their lawful spouse, same-sex or opposite-sex domestic partner, and dependent children up to the age of 26.

Enrollment

To enroll the dependent(s) of a covered student, please complete the **Dependent Enrollment Form on the UTS website**. The form, along with supporting documentation, should be submitted to UTS Office of Student Life, 3041 Broadway, Room 108. Please bring both the form and supporting documentation at the same time to ensure timely enrollment.

Dependent enrollment applications will not be accepted after the enrollment deadline unless there is a significant life change that directly affects their insurance coverage. An example of a significant life change would be loss of health coverage under another health plan.

Please contact the UTS Office of Student Life at **212-280-1341** for more information or with any questions.

Special Enrollment Periods

You, your spouse or child can also enroll for coverage within 60 days of the loss of coverage in a health plan if coverage was terminated because you, your spouse or child are no longer eligible for coverage under the other health plan due to:

- Termination of employment;
- Termination of the other health plan;
- Death of the spouse;
- Legal separation, divorce or annulment;
- Reduction of hours of employment;
- Employer contributions toward a health plan were terminated; or
- A child no longer qualifies for coverage as a child under another health plan.

You, your Spouse or Child can also enroll 60 days from exhaustion of your COBRA or continuation coverage or if you become a Dependent through marriage, birth, adoption or placement for adoption.

Columbia University must receive notice and assess the premium within 60 days of the loss of coverage. The effective date of your coverage will depend on when we receive your application. If your application is received within the required 60 day period, your enrollment is pro-rated to the day of the Qualifying Life Event (QLE) and your coverage will begin on that date.

In addition, you, your spouse or child can also enroll for coverage within 60 days of losing (or gaining) eligibility for Medicaid or a state child health plan.

On-Campus Services at Columbia Health/CUIMC Student Health Service

Columbia Health (Morningside/Affiliate students) or CUIMC Student Health Service (CUIMC students) are considered your Primary Care provider. You receive the highest level of coverage for the lowest out-of-pocket cost when you receive care through your on-campus services. Columbia Health / CUIMC Student Health Service can also refer you to other providers for care.

Participating Providers

Aetna Student Health offers Aetna's broad network of Participating Providers. You can save money by seeing Participating Providers because Aetna has negotiated special rates with them, and because the Plan's benefits are better, your out-of-pocket expenses will generally be lower when you receive benefits from a Participating Provider. However, if you see a Participating Provider for a service that requires a referral and you do not get a referral first from Columbia Health or CUIMC Student Health Service, your cost-sharing will be the same as if you saw a Non-Participating Provider.

If you need care that is covered under the Plan but not available from a Participating Provider, contact Member Services for assistance at the toll-free number on the back of your ID card. In this situation, Aetna may issue a pre-approval for you to receive the care from a Non-Participating Provider. When a pre-approval is issued by Aetna, the benefit level is the same as for Participating Providers.

Preauthorization

Some services have to be preauthorized by Aetna beforehand if you want the Plan to cover them. Participating Providers are responsible for requesting preauthorization for their services. You are responsible for requesting preauthorization if you seek care from a Non-Participating Provider for any of the services listed in the Schedule of Benefits section of the Certificate. Preauthorization is not required for Participating facilities certified by the New York Office of Alcoholism and Substance Abuse Services (OASAS).

If you want the Plan to cover a service from a Non-Participating Provider that requires preauthorization, you must call Aetna at the number on your ID card. After Aetna receives a request for preauthorization, we will review the reasons for your planned treatment and determine if benefits are available.

You must contact Aetna to request preauthorization as follows:

- At least two (2) weeks prior to a planned admission or surgery when your provider recommends inpatient hospitalization. If that is not possible, then as soon as reasonably possible during regular business hours prior to the admission.
- At least two (2) weeks prior to ambulatory surgery or any ambulatory care procedure when your provider recommends the surgery or procedure be performed in an ambulatory surgical unit of a hospital or in an ambulatory surgical center.
- Within the first three (3) months of a pregnancy, or as soon as reasonably possible and again within 48 hours after the actual delivery date if your hospital stay is expected to extend beyond 48 hours for a vaginal birth or 96 hours for cesarean birth.
- Before air ambulance services are rendered for a non-emergency condition.

You must also contact Aetna to provide notification after the fact as follows:

- As soon as reasonably possible when air ambulance services are rendered for an emergency condition.
- If you are hospitalized in cases of an emergency condition, you must call Aetna within 48 hours after your admission or as soon thereafter as reasonably possible.

Description of Benefits

The Plan excludes coverage for certain services and has limitations on the amounts it will pay. While this Plan Design and Benefits Summary document will tell you about some of the important features of the Plan, other features may be important to you and some may further limit what the Plan will pay. To look at the full Plan description, which is contained in the Policy issued to you, go to www.aetnastudenthealth.com/columbia. If any discrepancy exists between this Benefit Summary and the Policy, the Master Policy will control.

All coverage is based on the **Allowed Amount**.

“Allowed Amount” means the maximum amount Aetna will pay for the services or supplies covered under the certificate, before any applicable Copayment, Deductible and Coinsurance amounts are subtracted.

- The Allowed Amount for Participating Providers is the amount we have negotiated with the Participating Provider.
- The Allowed Amount for Non-Participating Facilities is 140% of the Medicare rate.
- The Allowed Amount for all other providers is 105% of the Medicare rate.

Our Allowed Amount is not based on the “usual, customary and reasonable charge.” If a Non-Participating Provider’s actual charge is more than the Allowed Amount, you are responsible for the difference. Call us at the number on your ID card or visit www.aetnastudenthealth.com/columbia for information on your financial responsibility when you receive services from a Non-Participating Provider.

This Plan will pay benefits in accordance with any applicable **New York** Insurance Law(s).

Metallic Level: Platinum, tested at 89.34%

On-Campus Services. This is the highest level of coverage available. These benefits apply when Your care is provided by Columbia Health (Medical Services or Counseling and Psychological Services) or CUIMC Student Health Service (Primary Care Medical Services or Mental Health Services). You should always consider receiving healthcare first through your On-Campus Services.

Participating Provider Benefits. In-network benefits are the intermediate level of coverage available. In-network benefits apply when Your care is provided by Participating Providers that are not part of your On-Campus Services, or that are Participating Pharmacies in Our network. You should always consider receiving health care services first through your on-Campus Services and then from Participating Providers in order to receive the In-Network level of benefits.

Non-Participating Provider Benefits. The Non-Participating Provider portion of this Certificate provides coverage when You receive Covered Services from Non-Participating Providers, or when You receive Covered Services from Participating Providers without care being referred by your On-Campus Services and, when required, approved by Us. Your out-of-pocket expenses will be higher when You receive out-of-network benefits. In addition to Cost-Sharing, You will also be responsible for paying any difference between the Allowed Amount and the Non-Participating Provider’s charge.

REFERRAL REQUIREMENT

Columbia Health (for Morningside and Affiliate students and any enrolled spouse/partner) and the CUIMC Student Health Service (for CUIMC students and any enrolled spouse/partner) are considered your Preferred Primary Care provider. They will either provide the care you need or will give you a referral to another provider. **Off-campus care requires a referral from Columbia Health or CUIMC Student Health Service, some exceptions to this rule are listed below. If you do not have a referral, then benefits will be paid at the Non-Participating Provider level even if the provider is a Participating Provider. The Non-Participating Provider deductible may also apply for services received without a referral.**

You do not need a Referral from Columbia Health or CUIMC Student Health Service to a Participating Provider for certain services, including:

- Preventive obstetric and gynecologic services including annual examinations, care resulting from such annual examinations, treatment of acute gynecologic conditions, or for any care related to a pregnancy from a qualified Participating Provider of such services;
- Maternal depression screenings;
- Emergency Services;
- Pre-Hospital Emergency Medical Services and emergency ambulance transportation;
- Elective termination of pregnancy;
- Medical or mental health care received more than **50** miles from Columbia University;
- Continuing treatment for a mental health condition when you were covered by the Columbia plan and a referral was issued in a previous policy year.
- Dependent children do not need a referral.

NOTE: Follow up visits for the services above may require a referral from Columbia Health or CUIMC Student Health Service

If you fail to obtain a referral from Columbia Health (Medical Services or Counseling and Psychological Services) or CUIMC Student Health Service for the services below, benefits will be paid at the Non-Participating Provider level of benefits even if the provider is a Participating Provider.

- Specialists Office Visits;
- Allergy Testing & Treatment – specialist office visit;
- Inpatient Care;
- Surgical;
- Laboratory;
- Radiology;
- Imaging;
- Physical Therapy;
- Chiropractic;
- Mental Health;
- Substance Abuse Treatment.

COST-SHARING	Student Health Services Member Responsibility for Cost - Sharing	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing
Medical Deductible <ul style="list-style-type: none"> • Individual 	\$0	\$0	\$600
Out-of-Pocket Limit <ul style="list-style-type: none"> • Individual • Family 	\$0 \$0	\$3,000 \$12,700	\$6,000 unlimited
			<p>See the Cost-Sharing Expenses and Allowed Amount section of this Certificate for a description of how We calculate the Allowed Amount.</p> <p>Any charges of a Non-Participating Provider that are in excess of the Allowed Amount do not apply towards the Deductible or Out-of-Pocket Limit. You must pay the amount of the Non-Participating Provider's charge that exceeds Our Allowed Amount.</p>

OFFICE VISITS	Student Health Services Member Responsibility for Cost-Sharing	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
Primary Care Office Visits (or Home Visits)	Covered in full			See benefit for description
Specialist Office Visits (or Home Visits)	Not Applicable	\$30 Copayment Referral Required Or 30% Coinsurance Out of Network Deductible Applies	30% Coinsurance	
PREVENTIVE CARE	Student Health Services Member Responsibility for Cost-Sharing	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
Well Child Visits and Immunizations*	Not Applicable	Covered in full	30% Coinsurance	See benefit for description
Adult Annual Physical Examinations*	Covered in full	Covered in full	30% Coinsurance	
Adult Immunizations*	Covered in full	Covered in full	30% Coinsurance	
Routine Gynecological Services/Well Woman Exams*	Covered in full	Covered in full	30% Coinsurance	
Mammograms, Screening and Diagnostic Imaging for the Detection of Breast Cancer	Not Applicable	Covered in full	30% Coinsurance	
Sterilization Procedures for Women *	Not Applicable	Covered in full	30% Coinsurance	
Vasectomy	Not Applicable	10% Coinsurance	40% Coinsurance	
Bone Density Testing*	Not Applicable	Covered in full	30% Coinsurance	

PREVENTIVE CARE (continued)	Student Health Services Member Responsibility for Cost-Sharing	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
Screening for Prostate Cancer Performed in PCP Office	Not Applicable	Covered in full	30% Coinsurance	See benefit for description
Screening for Prostate Cancer Performed in Specialist Office	Not Applicable	Covered in full	30% Coinsurance	
All other preventive services required by USPSTF and HRSA.	Covered in full	Covered in full	30% Coinsurance	
*When preventive services are not provided in accordance with the comprehensive guidelines supported by USPSTF and HRSA.	Use Cost Sharing for Appropriate service (Primary Care Office Visit; Specialist Office Visit; Diagnostic Radiology Services; Laboratory Procedures & Diagnostic Testing)			
EMERGENCY CARE	Student Health Services Member Responsibility for Cost-Sharing	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost- Sharing	Limits
Pre-Hospital Emergency Medical Services (Ambulance Services)	Not Applicable	10% Coinsurance	10% Coinsurance Not subject to Deductible	See benefit for description
Non-Emergency Ambulance Services	Not Applicable	10% Coinsurance	10% Coinsurance Not subject to Deductible	
Emergency Department Copayment /Coinsurance waived if Hospital admission	Not Applicable	\$150 Copayment	\$150 Copayment Not subject to Deductible	
Urgent Care Center	Covered in full	\$60 Copayment	30% Coinsurance	

PROFESSIONAL SERVICES AND OUTPATIENT CARE	Student Health Services Member Responsibility for Cost-Sharing	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
Acupuncture	Not Applicable	\$30 Copayment Referral Required Or 30% Coinsurance Out of Network Deductible Applies	30% Coinsurance	
Advanced Imaging Services - Performed in a Specialist Office	Not Applicable	10% Coinsurance	40% Coinsurance	See benefit for description
Advanced Imaging Services - Performed in a Freestanding Radiology Facility	Not Applicable	10% Coinsurance	40% Coinsurance	
Advanced Imaging Services - Performed as Outpatient Hospital Services	Not Applicable	10% Coinsurance Referral Required Or 40% Coinsurance Out of Network Deductible Applies	40% Coinsurance	
Allergy Testing & Treatment - Performed in a PCP Office	Covered in full	10% Coinsurance	40% Coinsurance	See benefit for description
Allergy Testing & Treatment - Performed in a Specialist Office	Not Applicable	10% Coinsurance Referral Required Or 40% Coinsurance Out of Network Deductible Applies	40% Coinsurance	

PROFESSIONAL SERVICES AND OUTPATIENT CARE (continued)	Student Health Services Member Responsibility for Cost-Sharing	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
Ambulatory Surgical Center Facility Fee	Not Applicable	10% Coinsurance Referral Required Or 40% Coinsurance Out of Network Deductible Applies	40% Coinsurance	See benefit for description
Anesthesia Services (all settings)	Not Applicable	10% Coinsurance	40% Coinsurance	See benefit for description
Autologous Blood Banking	Not Applicable	10% Coinsurance	40% Coinsurance	See benefits for description
Cardiac & Pulmonary Rehabilitation <ul style="list-style-type: none"> Performed in a Specialist Office Performed as Outpatient Hospital Services Performed as Inpatient Hospital Services 	Not Applicable Not Applicable Not Applicable	\$30 Copayment \$30 Copayment Included As Part of Inpatient Hospital Service Cost-Sharing	30% Coinsurance 30% Coinsurance Included As Part of Inpatient Hospital Service Cost-Sharing	See benefits for description
Chemotherapy <ul style="list-style-type: none"> Performed in a PCP Office Performed in a Specialist Office Performed as Outpatient Hospital Services 	Not applicable Not applicable Not Applicable	\$30 Copayment \$30 Copayment \$30 Copayment	30% Coinsurance 30% Coinsurance 30% Coinsurance	See benefit for description

PROFESSIONAL SERVICES AND OUTPATIENT CARE (continued)	Student Health Services Member Responsibility for Cost-Sharing	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
Chiropractic Services	Not Applicable	\$30 Copayment Referral Required Or 30% Coinsurance Out of Network Deductible Applies	30% Coinsurance	See benefit for description
Clinical Trials	Not Applicable	Use Cost-Sharing for appropriate service		See benefit for description
Diagnostic Testing <ul style="list-style-type: none"> Performed in a PCP Office Performed in a Specialist Office Performed as Outpatient Hospital Services 	Covered in full Not Applicable Not Applicable	10% Coinsurance 10% Coinsurance 10% Coinsurance Referral Required Or 40% Coinsurance Out of Network Deductible Applies	40% Coinsurance 40% Coinsurance 40% Coinsurance	See benefit for description
Dialysis <ul style="list-style-type: none"> Performed in a PCP Office Performed in a Specialist Office Performed in a Freestanding Center Performed as Outpatient Hospital Services 	Not Applicable Not Applicable Not Applicable Not Applicable	\$30 Copayment \$30 Copayment \$30 Copayment \$30 Copayment	30% Coinsurance 30% Coinsurance 30% Coinsurance 30% Coinsurance	See benefit for description

PROFESSIONAL SERVICES AND OUTPATIENT CARE (continued)	Student Health Services Member Responsibility for Cost-Sharing	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
Habilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy) <ul style="list-style-type: none"> Performed in a PCP Office Performed in a Specialist Office Performed in an Outpatient Facility 	Not Applicable	\$30 Copayment	30% Coinsurance	See benefit for description
Home Health Care	Not Applicable	10% Coinsurance	40% Coinsurance	
Infertility Services	Not Applicable	Use Cost Sharing for appropriate service (Office Visit; Diagnostic Radiology Services; Surgery; Laboratory & Diagnostic Procedures)		See benefit for description
Infusion Therapy <ul style="list-style-type: none"> Performed in a PCP Office Performed in Specialist Office Performed as Outpatient Hospital Services Home Infusion Therapy 	Not Applicable	\$30 Copayment	30% Coinsurance	See benefit for description
Inpatient Medical Visits	Not Applicable	10% Coinsurance Preauthorization Required	40% Coinsurance Preauthorization Required	See benefit for description
Interruption of Pregnancy <ul style="list-style-type: none"> Medically Necessary Abortions Elective Abortions 	Not Applicable	Covered in full	30% Coinsurance	Unlimited
	Not Applicable	Covered in full	30% Coinsurance	

PROFESSIONAL SERVICES AND OUTPATIENT CARE (continued)	Student Health Services Member Responsibility for Cost-Sharing	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
Laboratory Procedures <ul style="list-style-type: none"> • Performed in a PCP Office • Performed in a Specialist Office • Performed in a Freestanding Laboratory Facility • Performed as Outpatient Hospital Services 	Covered in full Not Applicable Not Applicable Not Applicable	10% Coinsurance 10% Coinsurance 10% Coinsurance 10% Coinsurance Referral Required Or 40% Coinsurance Out of Network Deductible Applies	40% Coinsurance 40% Coinsurance 40% Coinsurance 40% Coinsurance	See Benefit For Description
Maternity & Newborn Care <ul style="list-style-type: none"> • Prenatal Care <ul style="list-style-type: none"> • Prenatal Care provided in accordance with the comprehensive guidelines supported by USPSTF and HRSA • Prenatal Care that is not provided in accordance with the comprehensive guidelines supported by USPSTF and HRSA 	Covered in full Not Applicable	Covered in Full Use Cost-Sharing for appropriate service (Primary Care Office Visit, Specialist Office Visit, Diagnostic Radiology Services, Laboratory Procedures and Diagnostic Testing)	30% Coinsurance Use Cost-Sharing for appropriate service (Primary Care Office Visit, Specialist Office Visit, Diagnostic Radiology Services, Laboratory Procedures and Dignostic Testing)	See Benefit For Description One (1) Home Care Visit is Covered at no Cost-Sharing if mother is discharged from Hospital early

PROFESSIONAL SERVICES AND OUTPATIENT CARE (continued)	Student Health Services Member Responsibility for Cost-Sharing	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
Maternity & Newborn Care (continued) <ul style="list-style-type: none"> Inpatient Hospital Services and Birthing Center Physician and Midwife Services for Delivery Breastfeeding Support, Counseling and Supplies including Breast Pumps, Nursing Bras Postnatal Care 	Not Applicable	10% Coinsurance	40% Coinsurance	Covered for duration of breast feeding
	Not Applicable	10% Coinsurance	40% Coinsurance	
	Not Applicable	Covered in Full	30% Coinsurance	
	Not Applicable	Covered in Full	30% Coinsurance	
Outpatient Hospital Surgery Facility Charge	Not Applicable	10% Coinsurance	40% Coinsurance	See benefit for description
Preadmission Testing	Covered in full	10% Coinsurance Referral Required Or 40% Coinsurance Out of Network Deductible Applies	40% Coinsurance	See benefit for description

PROFESSIONAL SERVICES AND OUTPATIENT CARE (continued)	Student Health Services Member Responsibility for Cost-Sharing	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
Prescription Drugs Administered in Office or Outpatient Facilities <ul style="list-style-type: none"> • Performed in a PCP Office • Performed in Specialist Office • Performed in Outpatient Facilities 	Covered in full Not Applicable Not Applicable	10% Coinsurance 10% Coinsurance 10% Coinsurance Referral Required Or 40% Coinsurance Out of Network Deductible Applies	40% Coinsurance 40% Coinsurance 40% Coinsurance	See benefit for description
Diagnostic Radiology Services <ul style="list-style-type: none"> • Performed in a PCP Office • Performed in a Specialist Office • Performed in a Freestanding Radiology Facility • Performed as Outpatient Hospital Services 	Not Applicable Not Applicable Not Applicable Not Applicable	10% Coinsurance 10% Coinsurance 10% Coinsurance 10% Coinsurance Referral Required Or 40% Coinsurance Out of Network Deductible Applies	40% Coinsurance 40% Coinsurance 40% Coinsurance 40% Coinsurance	See benefit for description

PROFESSIONAL SERVICES AND OUTPATIENT CARE (continued)	Student Health Services Member Responsibility for Cost-Sharing	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
Therapeutic Radiology Services <ul style="list-style-type: none"> • Performed in a Specialist Office • Performed in a Freestanding Radiology Facility • Performed as Outpatient Hospital Services 	Not Applicable Not Applicable Not Applicable	10% Coinsurance 10% Coinsurance 10% Coinsurance Referral Required Or 40% Coinsurance Out of Network Deductible Applies	40% Coinsurance 40% Coinsurance 40% Coinsurance	See benefit for description
Rehabilitation Services (Physical Therapy, Occupational Therapy or Speech Therapy) <ul style="list-style-type: none"> • Performed in a PCP Office • Performed in a Specialist Office • Performed in an Outpatient Facility 	Not Applicable Not Applicable Not Applicable	\$30 Copayment \$30 Copayment \$30 Copayment Referral Required Or 30% Coinsurance Out of Network Deductible Applies	30% Coinsurance 30% Coinsurance 30% Coinsurance	Unlimited visits per Plan Year

PROFESSIONAL SERVICES AND OUTPATIENT CARE (continued)	Student Health Services Member Responsibility for Cost-Sharing	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
Second Opinions on the Diagnosis of Cancer, Surgery & Other	Not Applicable	\$30 Copayment Referral Required Or 30% Coinsurance Out of Network Deductible Applies	30% Coinsurance	See benefit for description
<p>Surgical Services (Including Oral Surgery; Reconstructive Breast Surgery; Other Reconstructive & Corrective Surgery and Transplants</p> <ul style="list-style-type: none"> • Inpatient Hospital Surgery <p>Pre-authorization Required</p> <ul style="list-style-type: none"> • Outpatient Hospital Surgery • Surgery Performed at an Ambulatory Surgical Center • Office Surgery 	Not Applicable	<p>10% Coinsurance</p> <p>Referral Required Or 40% Coinsurance Out of Network Deductible Applies</p>	40% Coinsurance	<p>See benefit for description</p> <p>All transplants must be performed at Designated Facilities</p>

ADDITIONAL SERVICES, EQUIPMENT & DEVICES	Student Health Services Member Responsibility for Cost-Sharing	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
ABA Treatment for Autism Spectrum Disorder	Not Applicable	\$30 Copayment Referral Required Or 30% Coinsurance Out of Network Deductible Applies	30% Coinsurance	See benefit for description
Assistive Communication Devices for Autism Spectrum Disorder	Not Applicable	\$30 Copayment Referral Required Or 30% Coinsurance Out of Network Deductible Applies	30% Coinsurance	See benefit for description
Diabetic Equipment, Supplies & Self-Management Education • Diabetic Equipment, Supplies, and Insulin (30-Day Supply) • Diabetic Education	Not Applicable Covered in full	10% Coinsurance \$30 Copayment	40% Coinsurance 30% Coinsurance	See benefit for description
Durable Medical Equipment & Braces	Not Applicable	10% Coinsurance	40% Coinsurance	See benefit for description
External Hearing Aids	Not Applicable	10% Coinsurance	40% Coinsurance	Single purchase once every three (3) years
Cochlear Implants	Not Applicable	10% Coinsurance	40% Coinsurance	One (1) per ear per plan year

ADDITIONAL SERVICES, EQUIPMENT & DEVICES (continued)	Student Health Services Member Responsibility for Cost-Sharing	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
Hospice Care <ul style="list-style-type: none"> Inpatient <p>Preauthorization Required</p> <ul style="list-style-type: none"> Outpatient 	Not Applicable	10% Coinsurance	40% Coinsurance	Unlimited days per Plan Year
Medical Supplies	Covered in full	10% Coinsurance	40% Coinsurance	See benefit for description
Prosthetic Devices <ul style="list-style-type: none"> External 	Not Applicable	10% Coinsurance	40% Coinsurance	See benefit for description
<ul style="list-style-type: none"> Internal 	Not Applicable	10% Coinsurance	40% Coinsurance	See benefit for description
INPATIENT SERVICES & FACILITIES	Student Health Services Member Responsibility for Cost-Sharing	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
Inpatient Hospital for a Continuous Confinement (Including an Inpatient Stay for Mastectomy Care, Cardiac & Pulmonary Rehabilitation, & End of Life Care) Preauthorization Required. However, Preauthorization is not required for emergency admissions or services provided in a neonatal intensive care unit of a Hospital certified pursuant to Article 28 of the Public Health Law.	Not Applicable	10% Coinsurance Referral Required Or 40% Coinsurance Out of Network Deductible Applies	40% Coinsurance	See benefit for description

INPATIENT SERVICES & FACILITIES	Student Health Services Member Responsibility for Cost-Sharing	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
Observation Stay	Not Applicable	10% Coinsurance	40% Coinsurance	See benefit for description
Skilled Nursing Facility (Includes Cardiac & Pulmonary Rehabilitation) Preauthorization Required	Not Applicable	10% Coinsurance	40% Coinsurance	Unlimited
Inpatient Habilitation Services (Physical Speech and Occupational Therapy) Preauthorization Required	Not Applicable	10% Coinsurance	40% Coinsurance	See benefit for description
Inpatient Rehabilitation Services (Physical, Speech & Occupational therapy) Preauthorization Required	Not Applicable	10% Coinsurance	40% Coinsurance	See benefit for description
MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES	Student Health Services Member Responsibility for Cost-Sharing	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
Inpatient Mental Health Care including Residential Treatment (for a continuous confinement when in a Hospital) Preauthorization Required. However, Preauthorization is Not Required for Emergency Admissions.	Not Applicable	10% Coinsurance Referral Required Or 40% Coinsurance Out of Network Deductible Applies	40% Coinsurance	See benefit for description

MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES (continued)	Student Health Services Member Responsibility for Cost-Sharing	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
<p>Outpatient Mental Health Care (Including Partial Hospitalization & Intensive Outpatient Program Services)</p> <ul style="list-style-type: none"> • Office Visits • All Other Outpatient Services 	<p>Covered in full</p> <p>Covered in full</p>	<p>\$20 Copayment</p> <p>10% Coinsurance Referral Required Or 40% Coinsurance Out of Network Deductible Applies</p>	<p>30% Coinsurance</p> <p>40% Coinsurance</p>	<p>See benefit for description</p>
<p>Inpatient Substance Use Services including Residential Treatment (for a continuous confinement when in a Hospital)</p> <p>Preauthorization Required.</p> <p>However, Preauthorization is Not Required for Emergency Admissions or for Participating OASAS-certified Facilities.</p>	<p>Not Applicable</p>	<p>10% Coinsurance</p> <p>Referral Required Or 40% Coinsurance Out of Network Deductible Applies</p>	<p>40% Coinsurance</p>	<p>See benefit for description</p>

MENTAL HEALTH & SUBSTANCE USE DISORDER SERVICES (continued)	Student Health Services Member Responsibility for Cost-Sharing	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
<p>Outpatient Substance Use Services (including Partial Hospitalization, Intensive Outpatient Program Services, and Medication Assisted Treatment)</p> <ul style="list-style-type: none"> • Office Visits • All Other Outpatient Services <p>Preauthorization Required.</p> <p>However, Preauthorization is not required for Participating OASAS-certified Facilities.</p>	<p>Covered in full</p> <p>Covered in full</p>	<p>\$20 Copayment</p> <p>10% Coinsurance</p> <p>Referral Required</p> <p>Or</p> <p>40% Coinsurance</p> <p>Out of Network Deductible Applies</p>	<p>30% Coinsurance</p> <p>40% Coinsurance</p>	<p>Unlimited visits a plan year may be used for family counseling</p>

PRESCRIPTION DRUGS	Student Health Services Member Responsibility for Cost-Sharing	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
*Certain Prescription Drugs are not subject to Cost-Sharing when provided in accordance with the comprehensive guidelines supported by HRSA or if the item or service has an "A" or "B" rating from the USPSTF and obtained at a participating pharmacy				
Retail Pharmacy				
30-day supply				See benefit for description
Tier 1 (generic)	Not Applicable	\$15 Copayment	Copayment per supply of 30% of the Allowed Amount Not Subject to Deductible	
Tier 2 (formulary brand)	Not Applicable	\$50 Copayment	Copayment per supply of 30% of the Allowed Amount Not Subject to Deductible	
Tier 3 (non-formulary brand)	Not Applicable	\$75 Copayment	Copayment per supply of 30% of the Allowed Amount Not Subject to Deductible	
Enteral Formulas				See benefit for description
Tier 1 (generic)	Not Applicable	10% Coinsurance	40% Coinsurance	
Tier 2 (formulary brand)	Not Applicable	10% Coinsurance	40% Coinsurance	
Tier 3 (non-formulary brand)	Not Applicable	10% Coinsurance	40% Coinsurance	

WELLNESS BENEFITS	Student Health Services Member Responsibility for Cost-Sharing	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
Exercise Facility Reimbursement	Not Applicable	Up to \$200 per 6-month period, up to an additional \$100 per 6-month period for Spouse.		
PEDIATRIC DENTAL & PEDIATRIC VISION CARE	Student Health Services Member Responsibility for Cost-Sharing	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
Pediatric Dental Care <ul style="list-style-type: none"> Preventive Routine Dental Care Major Dental Care (Oral Surgery, Endodontics, Periodontics & Prosthodontics) Orthodontics 	Not Applicable	Covered in Full	30% Coinsurance	One (1) dental exam & cleaning per six (6)-month period Full mouth x-rays or panoramic x-rays at thirty-six (36) month intervals and bitewing x-rays at six (6) month intervals
	Not Applicable	Covered in Full	30% Coinsurance	
	Not Applicable	30% Coinsurance	50% Coinsurance	
	Not Applicable	50% Coinsurance	50% Coinsurance	

PEDIATRIC DENTAL & PEDIATRIC VISION CARE (continued)	Student Health Services Member Responsibility for Cost-Sharing	Participating Provider Member Responsibility for Cost-Sharing	Non-Participating Provider Member Responsibility for Cost-Sharing	Limits
Pediatric Vision Care <ul style="list-style-type: none"> <li data-bbox="147 407 277 432">• Exams <li data-bbox="147 617 305 684">• Lenses & Frames <li data-bbox="147 915 375 940">• Contact Lenses 	Not Applicable Not Applicable Not Applicable	Covered in Full Covered in Full	30% Coinsurance Not subject to Deductible 30% Coinsurance Not subject to Deductible 30% Coinsurance Not subject to Deductible	One (1) exam per twelve (12)-month period One (1) prescribed lenses & frames per twelve (12)-month period

All in-network Preauthorization requests are the responsibility of Your Participating Provider. You will not be penalized for a Participating Provider's failure to obtain a required Preauthorization. However, if services are not covered under the Certificate, You will be responsible for the full cost of the services.

Exclusions

No coverage is available under the certificate for the following:

Aviation.

We do not Cover services arising out of aviation, other than as a fare-paying passenger on a scheduled or charter flight operated by a scheduled airline.

Convalescent and Custodial Care.

We do not Cover services related to rest cures, custodial care or transportation. "Custodial care" means help in transferring, eating, dressing, bathing, toileting and other such related activities. Custodial care does not include Covered Services determined to be Medically Necessary.

Conversion Therapy.

We do not Cover conversion therapy. Conversion therapy is any practice by a mental health professional that seeks to change the sexual orientation or gender identity of a Member under 18 years of age, including efforts to change behaviors, gender expressions, or to eliminate or reduce sexual or romantic attractions or feelings toward individuals of the same sex. Conversion therapy does not include counseling or therapy for any individual who is seeking to undergo a gender transition or who is in the process of undergoing a gender transition, that provides acceptance, support and understanding of an individual or the facilitation of an individual's coping, social support, and identity exploration and development, including sexual orientation-neutral interventions to prevent or address unlawful conduct or unsafe sexual practices, provided that the counseling or therapy does not seek to change sexual orientation or gender identity.

Cosmetic Services.

We do not Cover cosmetic services, Prescription Drugs, or surgery, unless otherwise specified, except that cosmetic surgery shall not include reconstructive surgery when such service is incidental to or follows surgery resulting from trauma, infection or diseases of the involved part, and reconstructive surgery because of congenital disease or anomaly of a covered Child which has resulted in a functional defect. We also Cover services in connection with reconstructive surgery following a mastectomy, as provided elsewhere in this Certificate. Cosmetic surgery does not include surgery determined to be Medically Necessary. If a claim for a procedure listed in 11 NYCRR 56 (e.g., certain plastic surgery and dermatology procedures) is submitted retrospectively and without medical information, any denial will not be subject to the Utilization Review process in the Utilization Review and External Appeal sections of this Certificate unless medical information is submitted.

Dental Services.

We do not Cover dental services except for: care or treatment due to accidental injury to sound natural teeth within 12 months of the accident; dental care or treatment necessary due to congenital disease or anomaly; or dental care or treatment specifically stated in the Outpatient and Professional Services and Pediatric Dental Care sections of this Certificate.

Experimental or Investigational Treatment.

We do not Cover any health care service, procedure, treatment, device or Prescription Drug that is experimental or investigational. However, We will Cover experimental or investigational treatments, including treatment for Your rare disease or patient costs for Your participation in a clinical trial as described in the Outpatient and Professional Services section of this Certificate, when Our denial of services is overturned by an External Appeal Agent certified by the State. However, for clinical trials, We will not Cover the costs of any investigational drugs or devices, non-health services required for You to receive the treatment, the costs of managing the research, or costs that would not be Covered under this Certificate for non-investigational treatments. See the Utilization Review and External Appeal sections of this Certificate for a further explanation of Your Appeal rights.

Felony Participation.

We do not Cover any illness, treatment or medical condition due to Your participation in a felony, riot or insurrection. This exclusion does not apply to Coverage for services involving injuries suffered by a victim of an act of domestic violence or for services as a result of Your medical condition (including both physical and mental health conditions).

Foot Care.

We do not Cover routine foot care in connection with corns, calluses, flat feet, fallen arches, weak feet, chronic foot strain or symptomatic complaints of the feet. However, we will Cover foot care when You have a specific medical condition or disease resulting in circulatory deficits or areas of decreased sensation in Your legs or feet.

Government Facility.

We do not Cover care or treatment provided in a Hospital that is owned or operated by any federal, state or other governmental entity, except as otherwise required by law unless You are taken to the Hospital because it is close to the place where You were injured or became ill and Emergency Services are provided to treat Your Emergency Condition.

Medically Necessary.

In general, We will not Cover any health care service, procedure, treatment, test, device or Prescription Drug that We determine is not Medically Necessary. If an External Appeal Agent certified by the State overturns Our denial, however, We will Cover the service, procedure, treatment, test, device or Prescription Drug for which coverage has been denied, to the extent that such service, procedure, treatment, test, device or Prescription Drug is otherwise Covered under the terms of this Certificate.

Medicare or Other Governmental Program.

We do not Cover services if benefits are provided for such services under the federal Medicare program or other governmental program (except Medicaid). When You are eligible for Medicare, We will reduce Our benefits by the amount Medicare would have paid for the Covered Services. Except as otherwise required by law, this reduction is made even if You fail to enroll in Medicare or You do not pay Your Medicare premium. Benefits for Covered Services will not be reduced if We are required by federal law to pay first or if You are not eligible for premium-free Medicare Part A.

Military Service.

We do not Cover an illness, treatment or medical condition due to service in the Armed Forces or auxiliary units.

No-Fault Automobile Insurance.

We do not Cover any benefits to the extent provided for any loss or portion thereof for which mandatory automobile no-fault benefits are recovered or recoverable. This exclusion applies even if You do not make a proper or timely claim for the benefits available to You under a mandatory no-fault policy.

Services Not Listed.

We do not Cover services that are not listed in this Certificate as being Covered.

Services Provided by a Family Member.

We do not Cover services performed by a member of the covered person's immediate family. "Immediate family" shall mean a child, spouse, mother, father, sister or brother of You or Your Spouse.

Services Separately Billed by Hospital Employees.

We do not Cover services rendered and separately billed by employees of Hospitals, laboratories or other institutions.

Services With No Charge.

We do not Cover services for which no charge is normally made.

Vision Services.

We do not Cover the examination or fitting of eyeglasses or contact lenses, except as specifically stated in the Pediatric Vision Care section(s) of this Certificate.

Workers' Compensation.

We do not Cover services if benefits for such services are provided under any state or federal Workers' Compensation, employers' liability or occupational disease law.

The Columbia University Student Health Insurance Plan is underwritten by Aetna Life Insurance Company. Aetna Student HealthSM is the brand name for products and services provided by Aetna Life Insurance Company and its applicable affiliated companies (Aetna).

Aetna complies with applicable Federal civil rights laws and does not discriminate, exclude or treat people differently based on their race, color, national origin, sex, age, or disability.

Aetna provides free aids/services to people with disabilities and to people who need language assistance.

If you need a qualified interpreter, written information in other formats, translation or other services, call **(800) 859-8471**.

If you believe we have failed to provide these services or otherwise discriminated based on a protected class noted above, you can also file a grievance with the Civil Rights Coordinator by contacting:

Civil Rights Coordinator,

P.O. Box 14462, Lexington, KY 40512 (CA HMO customers: PO Box 24030 Fresno, CA 93779),

1-800-648-7817, TTY: 711,

Fax: 859-425-3379 (CA HMO customers: 860-262-7705), CRCoordinator@aetna.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, or at 1-800-368-1019, 800-537-7697 (TDD).

Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company, Coventry Health Care plans and their affiliates (Aetna).

TTY: 711

To access language services at no cost to you, call 1-800-859-8471 .

Para acceder a los servicios de idiomas sin costo, llame al 1-800-859-8471. (Spanish)

如欲使用免費語言服務，請致電 1-800-859-8471 。 (Chinese)

Afin d'accéder aux services langagiers sans frais, composez le 1-800-859-8471 . (French)

Para ma-access ang mga serbisyo sa wika nang wala kayong babayaran, tumawag sa 1-800-859-8471 . (Tagalog)

Um auf für Sie kostenlose Sprachdienstleistungen zuzugreifen, rufen Sie 1-800-859-8471 an. (German)

(Arabic) . للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 1-800-859-8471 .

Pou jwenn sèvis lang gratis, rele 1-800-859-8471 . (French Creole-Haitian)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-800-859-8471 . (Italian)

言語サービスを無料でご利用いただくには、1-800-859-8471 までお電話ください。 (Japanese)

무료 언어 서비스를 이용하려면 1-800-859-8471 번으로 전화해 주십시오. (Korean)

(Persian-Farsi) برای دسترسی به خدمات زبان به طور رایگان، با شماره 1-800-859-8471 تماس بگیرید.

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonoć 1-800-859-8471 . (Polish)

Para acessar os serviços de idiomas sem custo para você, ligue para 1-800-859-8471 . (Portuguese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-800-859-8471 . (Russian)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-800-859-8471 . (Vietnamese)