

St. Bonaventure University

Student Accident & Sickness Insurance Plan

Please review Master Policy for full benefit details

	IN-NETWORK	OUT-OF-NETWORK
<i>Deductible</i>	\$200	\$200
<i>Out-of-Pocket Limit</i>	\$8,150	\$8,150
<i>Primary Care Office Visits</i>	\$15 copayment, 20% coinsurance after deductible	\$15 copayment, 40% coinsurance after deductible
<i>Specialist Office Visits</i>	\$15 copayment, 20% coinsurance after deductible	\$15 copayment, 40% coinsurance after deductible
<i>Preventive Care</i>	Covered in full	40% coinsurance after deductible
<i>Ambulance Services</i>	20% coinsurance after deductible	20% coinsurance after deductible
<i>Non-Emergency Ambulance Services</i>	20% coinsurance after deductible	20% coinsurance after deductible
<i>Emergency Department (copayment waived if Hospital admission)</i>	\$100 copayment, 20% coinsurance after deductible	\$100 copayment, 20% coinsurance after deductible
<i>Urgent Care Center</i>	\$75 copayment, 20% coinsurance after deductible	\$75 copayment, 40% coinsurance after deductible
<i>Advance Imaging Services</i>	20% coinsurance after deductible	40% coinsurance after deductible
<i>Anesthesia Services</i>	20% coinsurance after deductible	40% coinsurance after deductible
<i>Chiropractic Services</i>	\$15 copayment, 20% coinsurance after deductible	\$15 copayment, 40% coinsurance after deductible
<i>Diagnostic Testing</i>	\$15 copayment, 20% coinsurance after deductible	\$15 copayment, 40% coinsurance after deductible
<i>Laboratory Procedures</i>	\$15 copayment, 20% coinsurance after deductible	\$15 copayment, 40% coinsurance after deductible

<i>Therapeutic Radiology Services</i>	\$15 copayment, 20% coinsurance after deductible	\$15 copayment, 40% coinsurance after deductible
<i>Rehabilitation Services (Physical Therapy, Occupational Therapy, or Speech Therapy)</i>	\$40 copayment, 20% coinsurance after deductible	\$40 copayment, 40% coinsurance after deductible
<i>Surgical Services (inpatient Hospital, Outpatient Hospital, Surgery Performed at an Ambulatory Surgical Center, & Office Surgery)</i>	20% coinsurance after deductible	40% coinsurance after deductible
<i>Diabetic Equipment, Supplies, Insulin (Up to a 90-day supply)</i>	20% coinsurance after deductible	40% coinsurance after deductible
Mental Health & Substance Use Disorder Services		
<i>Inpatient Mental Health Care (for a continuous confinement when in a Hospital)</i>	20% coinsurance after deductible	40% coinsurance after deductible
<i>Outpatient Mental Health Care (Including partial Hospitalization and Intensive outpatient program services)</i>	\$15 copayment, 20% coinsurance after deductible	\$15 copayment, 40% coinsurance after deductible
<i>Inpatient Substance Use Services (for a continuous confinement when in a Hospital)</i>	20% coinsurance after deductible	40% coinsurance after deductible
<i>Outpatient Substance Use Services</i>	\$15 copayment, 20% coinsurance after deductible	\$15 copayment, 40% coinsurance after deductible
Prescription Drugs		
<i>30 Day Supply</i>		
<i>Tier 1</i>	\$10 copayment	Non-Participating Provider services are not covered and You pay the full cost
<i>Tier 2</i>	\$35 copayment	
<i>Tier 3</i>	\$100 copayment	
<i>Enteral Formulas</i>	20% coinsurance after deductible	40% coinsurance after deductible
	Enrollment dates	Student Premium Rates
Annual	8/1/20-7/31/21	\$2,735
Spring/Summer	1/16/21-7/31/21	\$1,461

Please Note: Dependents may voluntarily obtain coverage by visiting

<http://www.haylor.com/sbu>