

St. Bonaventure 2022-23 Student Health Insurance Plan

Please review Master Policy for full benefit details

| | IN-NETWORK | OUT-OF-NETWORK |
|--|--|--|
| <i>Deductible</i> | \$250 | \$600 |
| <i>Out-of-Pocket Limit</i> | \$6,850 | \$15,000 |
| <i>Primary Care Office Visits</i> | \$25 copayment not subject to deductible | 30% coinsurance after deductible |
| <i>Specialist Office Visits</i> | \$25 copayment not subject to deductible | 30% coinsurance after deductible |
| <i>Preventive Care</i> | Covered in full | 30% 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> | \$150 copayment, 20% coinsurance after deductible | \$150 copayment, 20% coinsurance after deductible |
| <i>Urgent Care Center</i> | \$50 copayment, 20% coinsurance after deductible | \$50 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> | \$25 copayment, not subject to deductible | 30% coinsurance after deductible |
| <i>Diagnostic Testing</i> | 20% coinsurance after deductible | 40% coinsurance after deductible |
| <i>Laboratory Procedures</i> | 20% coinsurance after deductible | 40% coinsurance after deductible |

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| <i>Therapeutic Radiology Services</i> | 20% coinsurance after deductible | 40% coinsurance after deductible |
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| <i>Rehabilitation Services (Physical Therapy, Occupational Therapy, or Speech Therapy)</i> | 20% coinsurance after deductible | 40% coinsurance after deductible |
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| <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 |
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| <i>Diabetic Equipment, Supplies, Insulin (Up to a 90-day supply)</i> | \$20 copayment not subject to deductible | \$20 copayment not subject to deductible |
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Mental Health & Substance Use Disorder Services

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| <i>Inpatient Mental Health Care (for a continuous confinement when in a Hospital)</i> | 20% coinsurance after deductible | 40% coinsurance after deductible |
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| <i>Outpatient Mental Health Care (Including partial Hospitalization and Intensive outpatient program services)</i> | \$25 copayment, not subject to deductible | 30% coinsurance after deductible |
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| <i>Inpatient Substance Use Services (for a continuous confinement when in a Hospital)</i> | 20% coinsurance after deductible | 40% coinsurance after deductible |
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| <i>Outpatient Substance Use Services</i> | \$ copayment deductible | 0% coinsurance after deductible |
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Prescription Drugs

30 Day Supply

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| <i>Tier 1</i> | \$ 0 copayment | \$20 copayment |
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| <i>Tier 2</i> | \$ copayment | |
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| <i>Tier 3</i> | \$ copayment | |
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| <i>Enteral Formulas</i> | 20% 40 / \$70 | 20% 40 |
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| | Enrollment dates | Student Premium Rates |
|---|-------------------------|------------------------------|
| <i>Annual Undergraduate Rate</i> | 8/1/22-7/31/23 | \$2,735 |
| <i>Spring/Summer Undergraduate Rate</i> | 1/16/23-7/31/23 | \$1,461 |
| <i>Annual Graduate Rate</i> | 8/1/22-7/31/23 | \$3,878 |
| <i>Spring Summer Graduate Rate</i> | 1/16/23-7/31/23 | \$2,092 |

Please Note: Dependents may voluntarily obtain coverage to do so please contact student@haylor.com

For more Plan information please visit: <http://www.haylor.com/sbu>