

**Student Health Plan Benchmarking Study - PLAN DESIGN**

2013/14 Plan Design	Brown University	Columbia University	Cornell University	Dartmouth College	Duke University	Harvard University	MIT	Princeton University	Stanford University	University of Chicago	UPENN	Yale University
<b>In-Network Medical Plan Features</b>												
Deductible	\$300 (combined in/out)	None / None	None / None	\$200	None	None	None	\$200	None (\$200)	\$200	\$300	None
Coinsurance	100%	80% / 100%	100% / 80%	80%	80%	100%	100%	80%	100% (80%)	90%	100% / 80%	100%
Office Visit -- Not Preventive	\$15 copay then 100% (no deductible)	\$30 copay / \$15 copay	\$25 copay then 100% / \$25 copay then 80%	\$1	\$25 PCP / \$35 specialist	\$35 copay, 6 visit max combined in/out age 18+	\$20 copay, 12 visit max outside MIT	\$10 copay (no deductible)	100% after \$20 copay (80% after deductible)	90%	\$30 copay then 100% / \$30 copay then 80%	100% / 100% (specialist copays may apply)
Emergency Room	\$100 copay then 100%	\$30 copay then 80% / \$15 copay then 100%	\$75 copay then 100%	100% after \$50 copay	\$150 copay then 80%	\$50 copay	\$50 copay	80% after deductible	\$75 copay Tier 1 or Tier 2	\$100 copay then 90%	\$100 copay then 100% / \$100 copay then 80%	N/A / \$50 copay
Inpatient Hospital	\$100 deductible then 100%	\$30 copay then 80% / \$15 copay then 100%	\$250 copay then 100% / \$250 copay then 80%	80%	80%	100%	\$100 copay	80% after deductible	100% (80% after deductible)	90%	90% / \$100 copay then 80%	N/A / \$200 copay
Surgery	100% after applicable deductible	\$75 copay then 80% / \$75 copay then 100%	\$150 copay then 100% / \$150 copay then 80%	80%	80%	\$50 copay (outpatient)	100% (outpatient)	80% after deductible	100% (80% after deductible)	90%	90% / \$200 copay then 80%	N/A / 100%
Outpatient Mental Health	\$15 copay then 100% (no deductible)	\$15 copay / \$15 copay	\$10 copay then 100% / \$10 copay then 80%	80% (no deductible)	\$25 copay	\$35 copay, 40 visit max combined in/out	Visits 1-12 \$0; Visits 13-24: \$20	80% after deductible, 30 day max	\$20 copay	90%	\$30 copay then 100%, 50 visit max / \$30 copay then 80%, 50 visit max	100% (limits may apply)
<b>Out-of-network coverage</b>												
Deductible	\$300 (combined in/out)	\$500 / \$500	\$150	\$400	\$250	\$250	\$250	\$200, combined in-network	Not covered	\$500	\$1,500	Not covered
Coinsurance	70%	50% / 70%	70%	70%	70%	70%	80%	80%	Not covered	70%	70% / 60%	Not covered
Out-of-pocket maximum	\$5,950 (combined in/out)	\$6,000 / \$4,000 combined in- and out-of-network	\$2,000	\$2,000	\$3,000	\$7,500	\$2,000	\$5,000, combined in-network	Not covered	\$2,500	\$4,000	Not covered
<b>Rx Coverage On-Site Pharmacy</b>												
Tier 1	N/A	N/A	N/A	100%	N/A	\$12	\$5	N/A	N/A	N/A	N/A	\$10
Tier 2	N/A	N/A	N/A	100% (single source brand)	N/A	\$35	\$15	N/A	N/A	N/A	N/A	\$30
Tier 3	N/A	N/A	N/A	80%	N/A	\$50	\$25	N/A	N/A	N/A	N/A	\$45
<b>Rx Coverage Retail Pharmacy</b>												
Tier 1	15	10	12	80%	10	\$12	\$15	5	15	10	\$20 / N/A	\$10
Tier 2	30	30	30	80%	35	\$35	\$25	20	35	25	\$40 / N/A	\$30
Tier 3	50	45	40	80%	50	\$50	\$35	70	N/A	40	N/A	\$45