

Daemen College Student Health Insurance Plan Benefits, 2020-2021



Insurance Term Glossary*



Deductible

The amount a patient must pay before the insurance company will start paying.

In-Network

Provider has negotiated a contract with the health insurance company.

Out-of-Network

Provider does NOT have a negotiated contract with the health insurance company.

Out-of-pocket max

The most a patient must pay for covered services during a plan year. Once the max is reached, the insurance company will pay 100% cost of covered benefits.

Co-payment

A fixed amount the patient pays to the provider before services can be provided.

Coinsurance

The patient's share of the cost of covered services required to pay to a provider.

Tier (prescriptions)

Prescription groups that range from generic to brand name medications.

*Benefits outlined represent a summary of what is included in this plan. Additional Schedule of Medical Expense Benefits/ Limitations are specified in the Master Policy.

Deductible: \$250 In-network, \$600 Out-of-network

Out-of-Pocket Max: \$6,850 In-network, \$15,000 Out-of-network

Patient Care & Services

In-Network Cost

Out-of-Network Cost

Provider Visits:
Primary & Specialty Care

\$25 co-payment,
\$0 Coinsurance

30% coinsurance
after \$600 deductible

Preventive Care:
Physical, Well-Woman Exam, etc.

Covered in full,
\$0 cost to patient

30% coinsurance
after \$600 deductible

Emergency Ambulance Transport

20% coinsurance
after \$250 deductible

20% coinsurance
after \$600 deductible

Medical Emergency (ER visit)

20% coinsurance
after \$150 deductible

40% coinsurance
after \$150 deductible

Urgent Care Services

20% coinsurance
after \$50 co-payment

40% coinsurance
after \$50 co-payment

Hospital Surgery:
Inpatient and Outpatient

20% coinsurance
after \$250 deductible

40% coinsurance
after \$600 deductible

Additional benefits outlined on page 2.

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Patient Care & Services	In-Network Cost	Out-of-Network Cost
Mental Health Care: Inpatient	20% coinsurance after \$250 deductible	40% coinsurance after \$600 deductible
Mental Health Care: Outpatient	\$25 co-payment, \$0 Coinsurance	30% coinsurance after \$600 deductible
Rehabilitation Services: PT, OT & Speech Therapy	20% coinsurance after \$250 deductible	40% coinsurance after \$600 deductible
Laboratory Procedures: Office & Outpatient	20% coinsurance after \$250 deductible	40% coinsurance after \$600 deductible
Allergy Testing & Treatment: Primary & Specialty Care	\$25 co-payment, \$0 coinsurance	30% coinsurance after \$600 deductible
Advanced Imaging Services: CAT, MRI & PET scans	20% coinsurance after \$250 deductible	40% coinsurance after \$600 deductible
Diabetic Equipment, Supplies & Insulin (up to 90 day supply)	20% coinsurance after \$250 deductible	40% coinsurance after \$600 deductible
Prescription Drugs (30 day supply)	Tiers 1, 2 & 3: \$20, \$40 & \$70 co-pay	Generic: \$20 copay Brand: \$40 copay

For more details regarding this plan please visit: www.haylor.com/daemen
 Haylor, Freyer & Coon: 866-535-0456 or email student@haylor.com
 Daemen College Health Services: 716-839-7380 or email health@daemen.edu.

