

The Student Health Service is delighted that you will be attending Bard for your graduate studies. Included is a good deal of information and paperwork, some of which will require your immediate attention (\*).

- Off-Campus shortened Immunization and Meningococcal Meningitis Letter and Response Form\*
- New York State Department of Health flyer regarding Measles, Mumps, Rubella vaccine requirements

### **2022–2023 BARD COLLEGE STUDENT ACCIDENT AND SICKNESS INSURANCE PLAN**

Graduate students considering enrolling in the Student Accident and Sickness Insurance Plan (“Bard insurance” or “Bard plan”) should read through the brochure/summary carefully to make certain it will adequately meet their needs. If you have any questions feel free to contact health services at 845-758-7433 or via email at [healthservice@bard.edu](mailto:healthservice@bard.edu).

The plan administrator is Allen J. Flood Companies, Inc. The insurance company is CDPHP Universal Benefits, Inc. (CDPHP UBI), and the PPO Networks are Magnacare, and First Health. The Brochure and Summary of Benefits can be accessed from the plan administrator’s website at [www.mystudentmedical.com](http://www.mystudentmedical.com). Once the students are registered in the student health plan, they should go to the CDPHP online site: [www.cdphp.com](http://www.cdphp.com) go to the right hand side of the page and register with CDPHP. Students should be encouraged to register on the site. CDPHP offers a free app to download which enables the student to access all of their information including their insurance/pharmacy card.

For students enrolling at Bard for the 2022–2023 academic year, the 12-month health insurance plan cost is \$3,350.00 and covers up to an unlimited amount per sickness or injury. In addition, there will be a \$250.00 per policy year deductible; deductible then \$100.00 co-pay for emergency room visits; \$10.00 co-pay for 30 day supply of covered Tier 1 drugs, a \$25.00 co-pay for 30 day supply of covered Tier 2 drugs, and \$40.00 co-pay for 30 day supply of covered Tier 3 drugs. Mail order – 2.0 copayments for a 90 day supply. In addition, there is an annual maximum out of pocket expense of \$7,9000. The general coverage will be 70% throughout the plan (except for certain services which are listed as covered in full, i.e. annual physicals, well baby checkups etc.) The students will be responsible for 30% of the services with the exception of in office doctor visits (non-specialty). Doctor office visits will have a \$40 copay not subject to the deductible or coinsurance (In-Network only). Please note that “In-Network” providers, through an agreement with CDPHP, will charge a lower fee and therefore the student’s 30% charge will be lower. “Out-Network” services could be substantially more. This premium will be charged in full at the beginning of the academic year. See all additional changes in the 2022-2023 Summary of Benefits and Brochure. Once enrolled, you are committed for the full year; there is no opportunity to opt-out of the plan until the following year.

Fees for the Bard insurance will automatically be billed to your account. The student insurance fee will be credited to your account upon waiver approval (see below for waiver process).

Graduate students have the opportunity to waive the student insurance. PLEASE NOTE: the College or its agent(s) reserve the right to verify information regarding alternate coverage provided by the student as part of his/her on-line request to waive out of the Bard College Insurance Plan. In other words, you will only be granted a waiver if you have adequate coverage of your own. You will be responsible for any bills that are not covered by your insurance.

**All international graduate students are automatically enrolled in the Bard plan as described in this brochure unless they obtain a waiver by presenting evidence of insurance coverage. For a comparison of the costs of the alternative plan versus the cost of the Bard plan and a table showing significant plan differences between the plan and Bard's, please see the Insurance for International Students included in this packet. The only way to waive the insurance is via the internet [www.mystudentmedical.com](http://www.mystudentmedical.com).**

### *BEFORE ELECTING TO WAIVE THE BARD INSURANCE*

Before electing to waive coverage, graduate students with their own policy should call the member services number (usually listed on the back of the insurance card) to find a participating provider in the area of their graduate program. You should then call the provider to be sure they will accept your insurance and/or new patients, as the insurance company lists are sometimes out of date. You may also want to find out if well visits or preventive care are portable.

Another important area to check is laboratory services. Bard College Student Health Service contracts with LabCorp Labs. Before making any decision to waive the Bard plan, please be sure to check that your insurance also accepts LabCorp. **Any on-campus student with their own insurance that does not accept LabCorp Labs will not be able to have lab work completed at the Bard Student Health Service, including simple lab testing such as a throat culture, mononucleosis test, or urine culture.** Other labs in the Bard area, such as Quest Diagnostics in Kingston, are about 20 minutes away; furthermore, there is no public transportation available to these labs. Health Services strongly advises any on-campus graduate student not to waive the Bard insurance if his/her current policy does not accept LabCorp labs. It is your responsibility to contact your insurer regarding coverage of laboratory services.

**The deadline for requesting a waiver for the 2022-2023 Bard College Student Accident and Sickness Insurance Plan is July 15, 2022**, for the annual coverage; students who enroll and register for classes after the semester has begun will be permitted to submit the waiver request within seven (7) calendar days of the date of their enrollment. Requests for waivers received after these dates will not be honored. Students only need to waive once for the academic year. See below on how to complete a waiver request.

### **TO WAIVE:**

- 1) Go to [www.mystudentmedical.com](http://www.mystudentmedical.com)
- 2) Choose Bard College in the drop down box
- 3) Click on the link Submit Waiver and complete
- 4) **Print a copy of the confirmation screen for record purposes (this will become an important supporting document confirming the successful completion of the waive prior to the deadline)**

### **THE IMMUNIZATION AND MENINGOCOCCAL MENINGITIS RESPONSE FORMS**

In addition to enrollment or the submission of a waiver, off-campus graduate students are required to complete the Immunization and Meningococcal Meningitis Response Form and return them to their graduate program office. The Immunization Record Form should be completed and signed by a non-parental health care provider. Your ability to register for classes and be on campus is contingent on our receiving this information. It is the responsibility of the program to make sure that all student Immunizations and the Meningococcal Meningitis Response Forms are maintained in the students' files.

You may need to contact your undergraduate institution for immunization information and have her/him mail the form to your program office.

### Immunization Requirements

The New York State Department of Health requires all college students to be immunized against measles, mumps and rubella. The law applies to ALL full and part-time students born on or after January 1, 1957. Proof of immunity consists of:

- **Measles**—TWO doses of live measles vaccine (the first dose must have been administered on or after the first birthday, the second dose at least 30 days later and after 15 months of age), physician-verified history of measles disease or a blood test showing immunity;
- **Mumps**—ONE dose of live mumps vaccine administered on or after the first birthday, physician-verified history of mumps disease or a blood test showing immunity;
- **Rubella**—ONE dose of live rubella vaccine administered on or after the first birthday or a blood test showing immunity.

### New York City programs

There is no contracted mental health care provider in New York City for Bard graduate students; however, you may call the Columbia Day Program at 212-305-6001 for an appointment. The website is: <http://columbiapsychiatry.org/clinicalservices/college-student-program>.

For those students seeking services, please visit CDPHP for a list of providers. If providers are not in the CDPHP network, you should search the Magnacare and First Health PPO Networks. Your graduate program administrator may also maintain a list of providers endemic to the area who participate in the In-Network. It is recommended that you confirm participation prior to scheduling an appointment. You should refer to the insurance company as CDPHP.

### **CONTACTS:**

Student Health Service

Bard College

PO Box 5000

Annandale-on-Hudson, NY 12504

(845) 758-7433 Tel

(845) 758-7437 Fax

healthservice@bard.edu

<http://inside.bard.edu/healthservices/>

Student Counseling Service

Bard College

PO Box 5000

Annandale-on-Hudson, NY 12504

845-758-7433 Tel (9:00am – 5:00pm weekdays)

<http://inside.bard.edu/counseling>



## Student Health Service

Office of the Dean of Graduate Studies  
Bard College  
PO Box 5000  
Annandale-on-Hudson, NY 12504  
845-758-7895 Tel  
845-752-4901 Fax  
dgs@bard.edu  
<http://inside.bard.edu/graduate/>

Plan Administrator:  
The Allen J Flood Companies Inc.  
2 Madison Ave.  
Larchmont, NY 10538  
1-800-734-9326  
[www.mystudentmedical.com](http://www.mystudentmedical.com)

Insurance Company:  
CDPHP Universal Benefits, Inc. (CDPHP UBI)  
Online at: [www.cdphp.com](http://www.cdphp.com)  
1-800-993-7299

Provider networks:  
Magnacare PPO Network  
Online at: [www.magnacare.com](http://www.magnacare.com)  
1-800-235-7267

First Health PPO Network  
Online at: [www.firsthealth.com](http://www.firsthealth.com)  
1-800-226-5116

Dear Graduate Student,

New York State law mandates that all students born after January 1, 1957, show proof of immunity to measles, mumps, and rubella. Students will *not be allowed to register* for classes if this information is not provided to Bard College. Please have your healthcare provider complete Parts I & II on the reverse side of this correspondence.

In addition to the required vaccinations listed in Part I of the Immunization Record (see reverse) Bard College is required to maintain a record of the following for each student:

- A Meningococcal Meningitis Vaccination Response Form signed by the student or student's parent or guardian. The response form must include information on the availability and cost of the meningococcal meningitis vaccine (Menomune™ or Menactra™); AND EITHER
- A record of meningococcal meningitis immunization within the past 5 years; OR
- An acknowledgment of meningococcal disease risks and refusal of meningococcal meningitis immunization signed by the student or student's parent or guardian.

After reading the following please complete Part III of the Immunization Record (see reverse).

Meningitis is rare. However, when it strikes, its flu-like symptoms make diagnosis difficult. If not treated early, meningitis can lead to swelling of the fluid surrounding the brain and spinal column as well as severe and permanent disabilities, such as hearing loss, brain damage, seizures, limb amputation, and even death.

Cases of meningitis among teens and young adults 15 to 24 years of age (the age of most college students) have more than doubled since 1991. The disease strikes about 3,000 Americans each year and claims about 300 lives. Between 100 and 125 meningitis cases occur on college campuses each year; of those diagnosed, as many as 15 will die from the disease.

A vaccine is available that protects against four types of the bacteria that can cause meningitis in the United States— types A, C, Y, and W-135. These types account for nearly two-thirds of the meningitis cases among college students. The vaccination is covered by the Bard insurance plan.

**We strongly recommend that all students receive the meningitis vaccine prior to arrival at the College.**

If you have further questions we recommend that you contact your healthcare provider. You can also find information about the disease at the following websites:  
[www.health.state.ny.us](http://www.health.state.ny.us), [www.cdc.gov/meningococcal/about/index.html](http://www.cdc.gov/meningococcal/about/index.html), and [www.acha.org](http://www.acha.org)

Sincerely,  
Barbara Jean Briskey, FNP  
Director, Bard College Student Health Service

**Bard** Immunization Record

**MUST BE COMPLETED AND RETURNED TO YOUR GRADUATE PROGRAM OFFICES**

**Please return this form to: Your Graduate Program Office**

Student's Name and Bard ID#: \_\_\_\_\_

Email and Phone Number: \_\_\_\_\_

New York State law mandates that all students born after January 1, 1957, must show proof of immunity to measles, mumps, and rubella. Students will *not be allowed to register* for classes if this information is not provided to Bard College. To be completed and signed by a nonparental health-care provider. **All information must be in English.**

### Part I Required Vaccinations (to be completed by your Healthcare Provider).

#### A. MMR (measles, mumps, rubella) 2 doses required

1. Born before 1957 Yes / No
2. Dose 1 — Given on or after first birthday: \_\_\_/\_\_\_/\_\_\_\_
3. Dose 2 — Given at least 30 days after Dose 1 and after 15 months of age: \_\_\_/\_\_\_/\_\_\_\_

#### B. Measles

1. Had disease. Confirmed by physician record.: mo./day/year \_\_\_/\_\_\_/\_\_\_\_
2. Titer report must be attached Immune: \_\_\_/\_\_\_/\_\_\_\_:
3. Dose 1 — Immunized with live measles vaccine on or after first birthday: \_\_\_/\_\_\_/\_\_\_\_
- Dose 2 — Immunized with live measles vaccine 30 days after Dose 1 : \_\_\_/\_\_\_/\_\_\_\_

#### C. Mumps

1. Had disease. Confirmed by physician record.: \_\_\_/\_\_\_/\_\_\_\_
2. Titer report must be attached Immune: \_\_\_/\_\_\_/\_\_\_\_
3. Immunized with mumps vaccine on or after first birthday: \_\_\_/\_\_\_/\_\_\_\_

#### D. Rubella

1. Had disease. Titer report must be attached Immune \_\_\_/\_\_\_/\_\_\_\_
2. Immunized with rubella vaccine on or after first birthday: \_\_\_/\_\_\_/\_\_\_\_

#### Covid-19 Immunization Records (Two doses + booster required)

Dose #1 \_\_\_/\_\_\_/\_\_\_\_

Dose#2 \_\_\_/\_\_\_/\_\_\_\_

Dose#3 \_\_\_/\_\_\_/\_\_\_\_

### Part II Recommended Vaccinations (to be completed by your Healthcare Provider)

**A. Meningococcal**(one dose, preferably at entry to College, recommended for first-year students living in residence halls who wish to reduce their risk of meningococcal disease) Quadrivalent polysaccharide vaccine: \_\_\_/\_\_\_/\_\_\_\_ Menomune\_Menactra

Provider's name and Signature: \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

### Part III Meningitis Response & Acknowledgement (to be completed by the student).

*If you, the student, have not received one the above meningitis vaccinations please read the information on the reverse side of this page and complete and sign the following.*

New York State public law requires that all college and university students enrolled for at least six (6) semester hours or the equivalent per semester, or at least four (4) semester hours per quarter, complete and return the following form.

\_\_\_\_ I have received meningococcal meningitis immunization within the previous five years.

\_\_\_\_ I have read the information provided on meningococcal meningitis, and I understand the risks of not receiving the meningococcal meningitis vaccination, but decline to get vaccinated at this time.

Student's Signature: \_\_\_\_\_ ; Bard ID# \_\_\_\_\_

Date: \_\_\_\_\_

**Please return this form to: Your Graduate Program Office**

# ATTENTION

## IMPORTANT

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# COLLEGE AND COLLEGE-bound Students

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**New York State Law**  
**REQUIRES** college students to be immunized against measles, mumps and rubella. The law applies to **ALL** full and part-time students born on or after January 1, 1957.



## Proof of immunity consists of:

**Measles**—**TWO** doses of live measles vaccine (the first dose must have been administered on or after the first birthday, the second dose at least 30 days later and after 15 months of age), physician-verified history of measles disease or a blood test showing immunity.

**Mumps**—**ONE** dose of live mumps vaccine administered on or after the first birthday, physician-verified history of mumps disease or a blood test showing immunity.

**Rubella**—**ONE** dose of live rubella vaccine administered on or after the first birthday or a blood test showing immunity.

**Check** your immunization record with your health care provider or high school to be certain you meet these requirements. For more information contact your college or local health department. Or, call the New York State Immunization Program office listed below.

Albany	(518) 271-2761
Buffalo	(716) 847-4502
New Rochelle	(914) 654-7194
Rochester	(716) 423-8063
Long Island	(914) 654-7194
Syracuse	(315) 426-7628
New York City	(212) 268-6431

**For more information** on immunizations, write for a free copy of Immunizations... Not just Kids' Stuff (publication #2311) to:

Publications  
New York State Department of Health  
Empire State Plaza  
Albany, NY 12237-0001

# CDPHP® PPO Plan Benefit Summary



Plan Code: BARD422  
 Presented For: Bard College Student Plan  
 Group ID: 20030973  
 Effective Date: 08/01/2022

	In-Network	Out-Network
<b>Cost Sharing Information</b>		
Deductible	\$250 Single	Combined with In-Network
Out of Pocket Maximum	\$7,900 Single	Combined with In-Network
<b>Office Visits</b>		
PCP	\$40 Copayment	Deductible then 30% Coinsurance
Specialist	Deductible then 30% Coinsurance	Deductible then 30% Coinsurance
<b>Telemedicine</b>		
Preferred Live Video Doctor Visits (Doctor on Demand, Foodsmart, MovN)	Covered in Full	Not Covered
Other Participating Telemedicine Providers ( Valera, aptihealth, Brave)	\$40 Copayment	Not Covered
Telehealth services from a CDPHP Network provider (PCP or Specialist)	PCP or Specialist cost share based on provider	PCP or Specialist cost share based on provider
<b>Preventive and Well Care Services*</b>		
Well Baby and Child Care including immunizations	Covered in full	Deductible then 30% Coinsurance
Annual Adult Exam (One exam per plan year regardless if 365 days have passed)	Covered in full	Deductible then 30% Coinsurance
Mammography	Covered in full	Deductible then 30% Coinsurance
Annual Pap Test and Ob/Gyn Exam	Covered in full	Deductible then 30% Coinsurance
Prostate Cancer Screening	Covered in full	Deductible then 30% Coinsurance
Bone Density Tests	Covered in full	Deductible then 30% Coinsurance
*Cost sharing may apply to diagnostic care		
<b>Hospital Services</b>		
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	Deductible then 30% Coinsurance	Deductible then 30% Coinsurance
Outpatient Surgery * Cost share may be reduced at a preferred ambulatory surgery center.	Deductible then 30% Coinsurance	Deductible then 30% Coinsurance
<b>Maternity Services*</b>		
Maternity - Routine Prenatal Care and Postnatal Care	Covered in Full*	Deductible then 30% Coinsurance
Maternity - Inpatient Hospital Services	Deductible then 30% Coinsurance	Deductible then 30% Coinsurance
Newborn Nursery	Deductible then Covered in full	Deductible then 30% Coinsurance
*(Non-routine services may result in an additional cost share)		
<b>Emergency Care</b>		
Worldwide Emergency Room Care (waived if admitted inpatient)	Deductible then \$100 Copayment	All Emergency Care is Considered In Network
Ambulance	Deductible then 30% Coinsurance	All Emergency Care is Considered In Network
<b>Urgent Care</b>		
Nonparticipating urgent care facility services within the CDPHP UBI service area are not covered	Deductible then 30% Coinsurance	Deductible then 30% Coinsurance
<b>Diagnostic Testing*</b>		
Outpatient Hospital or Office Based Laboratory Services * Deductible does not apply and Copayment waived if provider is a preferred laboratory.	Deductible then 30% Coinsurance	Deductible then 30% Coinsurance
Outpatient Hospital or Office Based Radiology Services * Deductible does not apply and Copayment waived if provider is a preferred center.	Deductible then 30% Coinsurance	Deductible then 30% Coinsurance
<b>Behavioral Health Services</b>		
Mental Health/Substance Use Inpatient Services	Deductible then 30% Coinsurance	Deductible then 30% Coinsurance



# CDPHP® PPO Plan Benefit Summary



Plan Code: BARD422  
 Presented For: Bard College Student Plan  
 Group ID: 20030973  
 Effective Date: 08/01/2022

	In-Network	Out-Network
Mental Health/Substance Use Outpatient Services	\$0 Copayment	Deductible then 30% Coinsurance
*(Up to 20 visits per plan year may be used for substance use family counseling.)		
<b>Condition Support Services</b>		
Outpatient Rehabilitation - Physical Therapy	Deductible then 30% Coinsurance (60 visits combined PT/OT/ST per benefit period)	Deductible then 30% Coinsurance (See In-Network limitation)
Outpatient Rehabilitation - Speech Therapy	Deductible then 30% Coinsurance (60 visits combined PT/OT/ST per benefit period)	Deductible then 30% Coinsurance (See In-Network limitation)
Outpatient Rehabilitation - Occupational Therapy	Deductible then 30% Coinsurance (60 visits combined PT/OT/ST per benefit period)	Deductible then 30% Coinsurance (See In-Network limitation)
Home Health Care	Covered in full	Deductible then 30% Coinsurance
Skilled Nursing Facility	Deductible then 30% Coinsurance (200 days per plan year)	Deductible then 30% Coinsurance (See In-Network limitation)
Chemotherapy/Radiation Therapy visit	\$40 Copayment	Deductible then 30% Coinsurance
Prosthetic Appliances and Durable Medical Equipment	Deductible then 30% Coinsurance	Deductible then 30% Coinsurance
<b>Diabetic Services</b>		
Includes Insulin, oral medication, needles and syringes - up to a 30 day supply, Glucometers and Diabetic DME. Insulin is limited to \$100 out of pocket per 30 day supply.	Deductible then 30% Coinsurance	Deductible then 30% Coinsurance
<b>Vision Services</b>		
Laser Eye Surgery	Up to a maximum of \$750 reimbursement for eligible eye surgeries and consultations per lifetime	
<b>Wellness Care</b>		
Weight Management	Up to a \$100 reimbursement available for participation in a weight loss program	
Fitness Reimbursement	Up to \$200 reimbursement per 50 visits for subscriber (max \$400 reimbursement per year) and \$100 reimbursement per 50 visits for covered dependent (max \$200 reimbursement per year)	
Child Birthing Classes	Up to \$75 reimbursement available for completion of child birthing class	
CaféWell Participation	Participating (Up to \$365 Life Points per contract per calendar year)	
Acupuncture (10 visit limit per plan year for acupuncture services)	Deductible then 30% Coinsurance	Deductible then 30% Coinsurance
Nutritional Counseling	Deductible then 30% Coinsurance	Deductible then 30% Coinsurance
Chiropractic Benefits	Deductible then 30% Coinsurance	Deductible then 30% Coinsurance

*This Summary of Benefits is intended to provide a general outline of coverage. In the event of any conflict between this document and the member's Certificate and any applicable Rider(s) issued by CDPHP, the Certificate and Rider(s) will be the controlling documents.*

*All benefits of this plan are subject to coordination of benefits. This summary is designed to highlight benefits of the plan being offered and does not detail all benefits, limitations, or exclusions. It is not a contract and may be subject to change. For more detailed information, a membership Certificate is available for your review upon request.*

*CDPHP UBI gives you access to more than 825,000 participating practitioners and providers nationwide, including many of the major hospitals, and a variety of value-added services to help you and your family stay healthy. If you have a question or wish to receive additional information, please contact the CDPHP marketing department at (518) 641-5000 or 1-800-993-7299 or visit our Web site at [www.cdphp.com](http://www.cdphp.com).*

*Please Note. All non-emergency services must be provided by a CDPHP Universal Benefits, Inc.® (CDPHP UBI) Participating Physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP UBI. Please Note. All non-emergency services must be provided by a CDPHP Universal Benefits, Inc.® (CDPHP UBI) Participating Physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP UBI.*

# CDPHP® PPO Plan Benefit Summary



Plan Code: BARD422  
Presented For: Bard College Student Plan  
Group ID: 20030973  
Effective Date: 08/01/2022

## Pharmacy Coverage

Description	Retail Prescription Drugs (30 Day Supply)
	Tier 1 Drugs \$10
	Tier 2 Drugs \$25
	Tier 3 Drugs \$40
	Specialty Drugs \$40
Mail order, 2.0 copayments for a 90-day supply. Prescriptions must be written by a duly licensed health care provider and filled at a participating pharmacy, unless otherwise authorized in advance by CDPHP. Specialty drugs are not eligible for the mail order program and require preauthorization to be obtained through CDPHP's participating specialty vendors. Prescription drugs are not subject to the plan deductible, if applicable.	

# Bard Health Insurance for International Students

**Important note:**

International students at Bard have the option of waiving Bard’s student health insurance plan and purchasing health insurance from a **different commercial providers**. While this other insurance plan is acceptable, we must advise you that the coverage this commercial plan offers does not compare favorably with Bard’s. At the bottom of the page you will find a sample (and only a sample) of specific coverage differences between Bard’s plan and one popular commercial provider (ISO Care). The commercial companies certainly offer initial savings, but those savings can rapidly disappear if you experience serious health problems, have an accident, or need emergency room treatment. Please be careful and thoughtful in making the choice between Bard’s plan and commercial insurance.

	<b>BARD HEALTH INSURANCE PLAN</b>	<b>ALTERNATIVE PLAN</b>
		<b>ISO Care</b>
Maximums	Unlimited	Unlimited
Coinsurance	100% of covered expenses	20% covered expenses in network 40% covered expenses out of network
Deductible (the amount you must pay before the insurance pays)	\$0 per policy year	\$400 per policy year
Emergency Room Deductible	Deductible and \$0 copayment	Deductible and \$250 copayment
12 Months	\$3,000	\$1,020

*Quotes based on student at age 20. Rates as of April 2025.*

Links to companies’ websites: ISO [www.iso.org](http://www.iso.org)

*(continued)*

Some plan differences between Bard and ISO Care. Bard’s plan has numerous additional benefits not listed here.

	BARD	ISO Care
Mental Health	See covered percentages above.	\$30 copayment then 20% in network or 40% <i>out of network</i>
Prescriptions	\$10 copay for Tier 1 drugs \$25 copay for Tier 2 drugs \$40 copay for Tier 3 drugs \$0 copay for contraceptives	Reimbursed at 80% of charge
Pre-existing Conditions	COVERED	COVERED
Pregnancy/Abortion	Pregnancy covered, like any other condition; \$300 in case of voluntary abortion	Pregnancy covered, like any other condition; Voluntary abortion is excluded
Drug Abuse	In-patient AND out-patient chemical abuse and chemical dependence expense benefit. Substance abuse disorders covered as any other illness.	Alcoholism/drug abuse treatment: the benefits and maximum amounts are the same as any other sickness
Sports	Intercollegiate sports injuries due to participation in practice or play of intercollegiate sports are covered under the plan. Also covers club and intramural sports.	EXCLUDED: Injury sustained from practice or play in any amateur, club, intramural, interscholastic, intercollegiate, professional, or semi-professional sport contest or competition