

CDPHP® PPO Plan Benefit Summary



Plan Code: BLKTPHARM216
 Presented For: Albany College of Pharmacy Student Plan
 Group ID: 20024793
 Date Prepared: 5/6/2016
 Effective Date: 8/21/2016

	In-Network	Out-Network
Deductible	\$250 Single / \$500 Family (Embedded)	\$1,000 Single / \$2,000 Family (Embedded)
Coinsurance	20% Coinsurance	40% Coinsurance
Office Visits		
PCP	\$30 Copayment	Deductible then 40% Coinsurance
Specialist	\$50 Copayment	Deductible then 40% Coinsurance
Out of Pocket Maximum	\$5,000 Single / \$10,000 Family (Embedded)	\$6,000 Single / \$12,000 Family (Embedded)
Benefit Maximum	Unlimited	Unlimited
Physician Services		
PCP Office Visits for illness, injury or second opinion	\$30 Copayment	Deductible then 40% Coinsurance
Specialist Office Visits for illness, injury or second opinion	\$50 Copayment	Deductible then 40% Coinsurance
Physician Visits during inpatient stay when billed separately from the facility	Deductible then Covered in Full	Deductible then 40% Coinsurance
Well Baby and Child Care including immunizations and inoculations	Covered in Full	Deductible then 40% Coinsurance
Annual Adult Exam	Covered in Full	Deductible then 40% Coinsurance
Annual Gynecological Exam	Covered in Full	Deductible then 40% Coinsurance
Hospital Services		
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance
Outpatient Surgery * Cost share may be reduced at a preferred ambulatory surgery center.	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance
Maternity		
Physician Services when billed separately from the facility	Deductible then Covered in Full	Deductible then 40% Coinsurance
Inpatient Hospital Services	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance
Newborn Nursery	Deductible then Covered in Full	Deductible then 40% Coinsurance
Emergency Care		
Worldwide Emergency Room Care	Deductible then 20% Coinsurance	All Emergency Care is Considered In Network
Ambulance	Deductible then 20% Coinsurance	All Emergency Care is Considered In Network
Urgent Care		
Nonparticipating urgent care facility services within the CDPHP UBI service area are not covered	\$40 Copayment	Deductible then \$35 Copayment
Diagnostic Testing*		
Outpatient Hospital Laboratory Services *Copayment waived if provider is a designated laboratory.	\$50 Copayment	Deductible then 40% Coinsurance
Outpatient Hospital Radiology Services *Copayment waived if is a preferred center.	\$50 Copayment	Deductible then 40% Coinsurance
Office Based Laboratory Services *Copayment waived if provider is a designated laboratory.	\$50 Copayment	Deductible then 40% Coinsurance
Office Based Radiology Services *Copayment waived if is a preferred center.	\$50 Copayment	Deductible then 40% Coinsurance
Mammogram	Covered in Full	Deductible then 40% Coinsurance
Cytology Screening	Covered in Full	Deductible then 40% Coinsurance
Prostate Cancer Screening	Covered in Full	Deductible then 40% Coinsurance
Physical Therapy		

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 Metal Tier: Platinum

	In-Network	Out-Network
In network and Out of Network visits are counted toward maximum	\$50 Copayment (60 visits combined therapies (PT/OT/ST), per condition, per lifetime.)	Deductible then 40% Coinsurance
Speech Therapy		
In network and Out of Network visits are counted toward maximum	\$50 Copayment (60 visits combined therapies (PT/OT/ST), per condition, per lifetime.)	Deductible then 40% Coinsurance
Occupational Therapy		
In network and Out of Network visits are counted toward maximum	\$50 Copayment (60 visits combined therapies (PT/OT/ST), per condition, per lifetime.)	Deductible then 40% Coinsurance
Chiropractic Benefits		
	\$50 Copayment	Deductible then 40% Coinsurance
Home Health Care		
	\$30 Copayment	Deductible then 40% Coinsurance
Skilled Nursing Facility		
200 days per benefit period	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance
Prosthetic Appliances and Durable Medical Equipment		
	20% Coinsurance	Deductible then 40% Coinsurance
Diabetic Services		
Insulin and oral Medication - up to a 30 day supply	\$15 Copayment	40% Coinsurance
Diabetic Supplies (needles and syringes) - up to a 30 day supply	\$15 Copayment	40% Coinsurance
Glucometers	\$15 Copayment	40% Coinsurance
Diabetic DME	\$15 Copayment	40% Coinsurance
Mental Health Services		
Inpatient	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance
Outpatient	\$30 Copayment	Deductible then 40% Coinsurance
Chemical Abuse and Dependency Services		
Inpatient Detox	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance
Outpatient	\$30 Copayment	Deductible then 40% Coinsurance
Inpatient Rehabilitation Services	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance
Life Points Participation	Participating	

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 675,000 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.

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.

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Pharmacy Coverage

Description	Prescription drug benefit as follows, \$10 copayment for 30-day supply of covered Tier 1 drugs. \$50 copayment for 30-day supply of covered Tier 2 drugs. \$100 copayment for 30-day supply of Tier 3 drugs. Mail order, 2.5 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.
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