CDPHP Universal Benefits, Inc.

# Albany College of Pharmacy Student Plan

National PPO Plan

| Plan Name | BLKTPHARM217 |
|---|---|
| Split Copay (Y/N) | N |
| In-Network Individual Deductible | $250 |
| In-Network Family Deductible | $500 |
| IP Copay | Deductible then 20% Coinsurance |
| SNF Stay | Deductible then 20% Coinsurance |
| ER | Deductible then 20% Coinsurance |
| OP Surgery | Deductible then 20% Coinsurance |
| Preferred OP/Amb Surg | N/A |
| DME | 20% Coinsurance Not subject to the Deductible |
| Ambulance | Deductible then 20% Coinsurance |
| PCP OV | $30 Copayment Not subject to the Deductible |
| SCP OV | $30 Copayment Not subject to the Deductible |

| | |
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| Lab Services | $30 Copayment Not subject to the Deductible |
| Radiology Services | $30 Copayment Not subject to the Deductible |
| Habilitative Services (PT/OT/ST) | $30 Copayment Not subject to the Deductible |
| Rehabilitative Services (PT/OT/ST) | $30 Copayment Not subject to the Deductible |
| Pediatric Eye Exam | $30 Copayment Not subject to the Deductible |
| Pediatric Vision Hardware | 20% Coinsurance Not subject to the Deductible |
| Adult Eye Exam | $30 Copayment Not subject to the Deductible |
| Adult Vision Hardware | Not Covered |
| Urgent Care | $40 Copayment Not subject to the Deductible |
| Diabetic | $15 Copayment Not subject to the Deductible |
| Home Health Care | $30 Copayment Not subject to the Deductible |
| Prescription Drug | Tier-1: $10<br>Tier-2: $50<br>Tier-3: $100 |
| In-Network Individual Out of Pocket Maximum | $5,000 |
| In-Network Family Out of Pocket Maximum | $10,000 |
| Out of Network Coinsurance | 40% |
| Out of Network Individual Deductible | $1,000 |
| Out of Network Family Deductible | $2,000 |
| Out of Network Individual Out of Pocket Maximum | $6,000 |
| Out of Network Family Out of Pocket Maximum | $12,000 |