Skidmore College

HMO Plan Benefit Summary

HA12L10

	In -Network
Annual Deductible (Single/Family)	Not Applicable/Not Applicable
Coinsurance	Not Applicable
Office Visits	
PCP	$15 Copayment
Specialist	$15 Copayment
Coinsurance Maximum (Single/Family)	Not Applicable/Not Applicable
Annual Benefit Maximum	Unlimited
Physician Services	
PCP Office Visits for illness, injury or second opinion	$15 Copayment
Specialist Office Visits for illness, injury or second opinion	$15 Copayment
Physician Visits during inpatient stay when billed separately from the facility	Covered In Full
Well Baby and Child Care including immunizations and inoculations	Covered In Full
Annual Adult Exam	Covered In Full
Annual Gynecological Exam	Covered In Full
Hospitals Services	
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	Covered in Full
Outpatient Surgery	$75 Copayment
Diagnostic Testing*	
Outpatient Hospital Laboratory Services: Copayment waived if provider is a designated laboratory	$15 Copayment
Outpatient Hospital Radiology Services: Copayment waived if provider is a preferred center	$15 Copayment
Office Based Laboratory Services: Copayment waived if provider is a designated laboratory	$15 Copayment
Office Based Radiology Services: Copayment waived if provider is a preferred center	$15 Copayment
Mammogram	Covered in Full
Cytology Screening	Covered in Full
Prostate Cancer Screening	Covered in Full
Maternity	`
Physician Services when billed separately from the facility	Covered In Full
Inpatient Hospital Services	Covered in Full
Newborn Nursery	Covered In Full
Emergency Care	
Worldwide Emergency Room Care	$50 Copayment
Ambulance	$50 Copayment
Urgent Care	
Nonparticipating Urgent Care facility services within the CDPHP UBI service area are not covered	$25 Copayment
Physical Therapy	
Up to 30 visits per benefit period.	$15 Copayment
Speech Therapy	
Up to 20 visits per benefit period.	$15 Copayment
Occupational Therapy	
Up to 30 visits per benefit period.	$15 Copayment
Chiropractic Benefits	$15 Copayment
Home Health Care	Covered In Full
Skilled Nursing Facility - Up to 45 Days	Covered in Full
Prosthetic Appliances and Durable Medical Equipment	50% Coinsurance

Diabetic Services	
Insulin and oral Medication - up to a 30 day supply	
Diabetic Supplies (needles and syringes) - up to a 30 day supply	$15 Copayment
Glucometers	$15 Copayment
Diabetic DME	$15 Copayment
	$15 Copayment
Mental Health Services	
Outpatient Services - Unlimited visits as required by Federal Mental Health Parity.	$15 Copayment
Inpatient Services - Unlimited days as required by Federal Mental Health Parity.	Covered in Full
Chemical Abuse and Dependency Services	
Outpatient Services - Unlimited visits as required by Federal Mental Health Parity.	$15 Copayment
Inpatient Services - Unlimited days as required by Federal Mental Health Parity.	Covered in Full
Inpatient Rehabilitation Services - Unlimited days as required by Federal Mental Health Parity.	Covered in Full
Dependent Coverage	Extends eligibility to full time student until age 25, including out-of area coverage of prior approved, non routine covered services

This Summary of Benefits is intended to provide a general outline of coverage that is pending approval with the New York State Department of Insurance. It is not binding on CDPHP in the event the proposed product is not approved by the DOI. In the event of any conflict between this document, the member's Certificate and any applicable Rider(s) issued by CDPHP, the Certificate and Rider(s) will be the controlling documents.

CDPHP gives you access to more than 9,000 participating practitioners and providers, 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 website at www.cdphp.com.

*Please visit our website at www.cdphp.com or contact CDPHP HMO Member Services at (518) 641-3700 or 1-800-777-2273 to identify designated laboratories and preferred radiology sites.

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.

Federal Mental Health Parity Mandate: The visit and inpatient day limitations of mental health and substance abuse are no more restrictive than the visit and inpatient day limitations of the medical and surgical benefits covered under this plan.

Please Note: All non-emergency services must be provided by a Capital District Physician's Health Plan, Inc. (CDPHP) Participating Physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP.

Skidmore College

Group Number 10007625

Your employer has chosen the following rider(s) to modify the Plan under which you would be covered as a CDPHP Member.

HMRXL7A10

Prescription drug benefits as follows:* $10 copayment for 30-day supply of covered Tier 1 drugs.* $25 copayment for 30-day supply of covered Tier 2 drugs.* $40 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 require preauthorization and must be obtained at CDPHP's participating specialty vendors.

HMELGL310

Extends eligibility to full-time student dependents until age 25, including out-of-area coverage of prior approved, non-routine covered services.

HMELGL1210

Provides coverage for an eligible same or opposite sex domestic partner and his or her eligible dependent children.

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