### CDPHP® PPO Plan Benefit Summary

**Plan Code:** SUNYPALTZ417  
**Presented For:** SUNY New Paltz  
**Group ID:** 20030971  
**Date Prepared:** 2/2/2017  
**Effective Date:** 8/20/2017  
**Metal Tier:** Gold  
**Servicing Broker:** Haylor, Freyer, & Coon, Inc.  
**Phone:** 866-535-0456  
**Email:** student@haylor.com  
**Plan runs:** 8/20/2017-8/19/2018  
**Annual Cost:** $2,291.60  
**New Spring/Summer Cost:** $1,327.10 (spring enrollment runs from 1/20/18-8/19/2018)

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td>$250 Single / $500 Family (Embedded)</td>
<td>$2,000 Single / $4,000 Family (Embedded)</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>20% Coinsurance</td>
<td>40% Coinsurance</td>
</tr>
<tr>
<td><strong>Office Visits</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PCP</td>
<td>$20 Copayment</td>
<td>Deductible then 40% Coinsurance</td>
</tr>
<tr>
<td>Specialist</td>
<td>$40 Copayment</td>
<td>Deductible then 40% Coinsurance</td>
</tr>
<tr>
<td><strong>Out of Pocket Maximum</strong></td>
<td>$5,000 Single / $12,700 Family (Embedded)</td>
<td>$4,000 Single / $8,000 Family (Embedded)</td>
</tr>
<tr>
<td><strong>Benefit Maximum</strong></td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

### Physician Services

- **PCP Office Visits for illness, injury or second opinion**  
  $20 Copayment  
  Deductible then 40% Coinsurance

- **Specialist Office Visits for illness, injury or second opinion**  
  $40 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**  
  Covered in Full  
  Covered in Full

- **Inpatient Hospital Services**  
  Deductible then 20% Coinsurance  
  Deductible then 40% Coinsurance

- **Newborn Nursery**  
  Covered in Full  
  Covered in Full

### Emergency Care

- **Worldwide Emergency Room Care**  
  $150 Copayment, not subject to Deductible  
  All Emergency Care is Considered In Network

- **Ambulance**  
  20% Coinsurance, not subject to Deductible  
  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 $40 Copayment

### Diagnostic Testing*

- **Outpatient Hospital Laboratory Services**  
  * Deductible does not apply and Copayment waived if provider is a designated laboratory.  
  $40 Copayment  
  Deductible then 40% Coinsurance

- **Outpatient Hospital Radiology Services**  
  * Deductible does not apply and Copayment waived if is a preferred center.  
  $40 Copayment  
  Deductible then 40% Coinsurance

- **Office Based Laboratory Services**  
  * Deductible does not apply and Copayment waived if provider is a designated laboratory.  
  $40 Copayment  
  Deductible then 40% Coinsurance

- **Office Based Radiology Services**  
  * Deductible does not apply and Copayment waived if is a preferred center.  
  $40 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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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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<tr>
<td>In network and Out of Network visits are counted toward maximum (habilitative &amp; rehabilitative)</td>
<td>$40 Copayment (60 visits combined therapies (PT/OT/ST), per condition.)</td>
</tr>
<tr>
<td><strong>Speech Therapy</strong></td>
<td></td>
</tr>
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<td><strong>Occupational Therapy</strong></td>
<td></td>
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<tr>
<td><strong>Chiropractic Benefits</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$40 Copayment</td>
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<tr>
<td><strong>Home Health Care</strong></td>
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<tr>
<td></td>
<td>$20 Copayment</td>
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<tr>
<td><strong>Skilled Nursing Facility</strong></td>
<td></td>
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<tr>
<td></td>
<td>Deductible then 20% Coinsurance (200 Days per plan year)</td>
</tr>
<tr>
<td><strong>Prosthetic Appliances and Durable Medical Equipment</strong></td>
<td></td>
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<tr>
<td></td>
<td>20% Coinsurance</td>
</tr>
<tr>
<td><strong>Diabetic Services</strong></td>
<td></td>
</tr>
<tr>
<td>Insulin and oral Medication - up to a 30 day supply</td>
<td>$15 Copayment</td>
</tr>
<tr>
<td>Diabetic Supplies (needles and syringes) - up to a 30 day supply</td>
<td>$15 Copayment</td>
</tr>
<tr>
<td>Glucometers</td>
<td>$15 Copayment</td>
</tr>
<tr>
<td>Diabetic DME</td>
<td>$15 Copayment</td>
</tr>
<tr>
<td><strong>Mental Health Services</strong></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>Deductible then 20% Coinsurance</td>
</tr>
<tr>
<td>OutPatient</td>
<td>$20 Copayment</td>
</tr>
<tr>
<td><strong>Chemical Abuse and Dependency Services</strong></td>
<td></td>
</tr>
<tr>
<td>Inpatient Detox</td>
<td>Deductible then 20% Coinsurance</td>
</tr>
<tr>
<td>Outpatient</td>
<td>$20 Copayment</td>
</tr>
<tr>
<td>Inpatient Rehabilitation Services</td>
<td>Deductible then 20% Coinsurance</td>
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Pharmacy Coverage

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<tr>
<th>Rider Name</th>
<th>Description</th>
</tr>
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<tbody>
<tr>
<td></td>
<td>Prescription drug benefit as follows, $15 copayment for 30-day supply of covered Tier 1 drugs. $45 copayment for 30-day supply of covered Tier 2 drugs. $75 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.</td>
</tr>
</tbody>
</table>