

# CDPHP® PPO Plan Benefit Summary



Plan Code: SUNYPALTZ417      Servicing Broker: Haylor, Freyer, & Coon, Inc.  
 Presented For: SUNY New Paltz      Phone: 866-535-0456      Email: student@haylor.com  
 Group ID: 20030971      Plan runs: 8/20/2017-8/19/2018  
 Date Prepared: 2/22/2017      Annual Cost: \$2,291.60  
 Effective Date: 8/20/2017      New Spring/Summer Cost: \$1,327.10 (spring enrollment runs from 1/20/18-8/19/2018)  
 Metal Tier: Gold

	In-Network	Out-Network
Deductible	\$250 Single / \$500 Family (Embedded)	\$2,000 Single / \$4,000 Family (Embedded)
Coinsurance	20% Coinsurance	40% Coinsurance
<b>Office Visits</b>		
PCP	\$20 Copayment	Deductible then 40% Coinsurance
Specialist	\$40 Copayment	Deductible then 40% Coinsurance
Out of Pocket Maximum	\$5,000 Single / \$12,700 Family (Embedded)	\$4,000 Single / \$8,000 Family (Embedded)
Benefit Maximum	Unlimited	Unlimited
<b>Physician Services</b>		
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
<b>Hospital Services</b>		
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
<b>Maternity</b>		
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
<b>Emergency Care</b>		
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
<b>Urgent Care</b>		
Nonparticipating urgent care facility services within the CDPHP UBI service area are not covered	\$40 Copayment	Deductible then \$40 Copayment
<b>Diagnostic Testing*</b>		
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
<b>Physical Therapy</b>		

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	In-Network	Out-Network
In network and Out of Network visits are counted toward maximum (habilitative & rehabilitative)	\$40 Copayment (60 visits combined therapies (PT/OT/ST), per condition.)	Deductible then 40% Coinsurance
<b>Speech Therapy</b>		
In network and Out of Network visits are counted toward maximum (habilitative & rehabilitative)	\$40 Copayment (60 visits combined therapies (PT/OT/ST), per condition)	Deductible then 40% Coinsurance
<b>Occupational Therapy</b>		
In network and Out of Network visits are counted toward maximum (habilitative & rehabilitative)	\$40 Copayment (60 visits combined therapies (PT/OT/ST), per condition)	Deductible then 40% Coinsurance
<b>Chiropractic Benefits</b>		
	\$40 Copayment	Deductible then 40% Coinsurance
<b>Home Health Care</b>		
	\$20 Copayment	Deductible then 40% Coinsurance
<b>Skilled Nursing Facility</b>		
	Deductible then 20% Coinsurance (200 Days per plan year)	Deductible then 40% Coinsurance
<b>Prosthetic Appliances and Durable Medical Equipment</b>		
	20% Coinsurance	Deductible then 40% Coinsurance
<b>Diabetic Services</b>		
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
<b>Mental Health Services</b>		
Inpatient	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance
OutPatient	\$20 Copayment	Deductible then 40% Coinsurance
<b>Chemical Abuse and Dependency Services</b>		
Inpatient Detox	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance
Outpatient	\$20 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](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.*

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## Pharmacy Coverage

### Rider Name

### Description

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.