

# CDPHP<sup>®</sup> PPO Plan Benefit Summary



Plan Code: BLKTSIENA220 (Pending NYS DFS Approval)  
 Presented For: Siena College Student Plan  
 Group ID: 20030004  
 Date Prepared: 2/19/2020  
 Effective Date: 08/15/2020

	In-Network	Out-Network
<b>Cost Sharing Information</b>		
Deductible	\$250 Single	\$4,000 Single
Out of Pocket Maximum	\$5,000 Single	\$6,000 Single
<b>Office Visits</b>		
PCP	\$20 Copayment	Deductible then 40% Coinsurance
Live Video Doctor Visits (24/7 Sick Visits, Behavioral Health, Telenutrition)	\$20 Copayment	Not Covered
Specialist	\$20 Copayment	Deductible then 40% Coinsurance
<b>Preventive and Well Care Services*</b>		
Well Baby and Child Care including immunizations	Covered in full	Deductible then 40% Coinsurance
Annual Adult Exam (One exam per plan year regardless if 365 days have passed)	Covered in full	Deductible then 40% Coinsurance
Mammography	Covered in full	Deductible then 40% Coinsurance
Annual Pap Test and Ob/Gyn Exam	Covered in full	Deductible then 40% Coinsurance
Prostate Cancer Screening	Covered in full	Deductible then 40% Coinsurance
Bone Density Tests	Covered in full	Deductible then 40% Coinsurance
*Cost sharing may apply to diagnostic care		
<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 Services*</b>		
Maternity - Routine Prenatal Care and Postnatal Care	Covered in Full*	Deductible then 40% Coinsurance
Maternity - Inpatient Hospital Services	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance
Newborn Nursery	Deductible then Covered in full	Deductible then 30% Coinsurance
*(Non-routine services may result in an additional cost share)		
<b>Emergency Care</b>		
Worldwide Emergency Room Care (waived if admitted inpatient)	Deductible then 20% Coinsurance	All Emergency Care is Considered In Network
Ambulance	Deductible then 20% Coinsurance	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	\$30 Copayment	Deductible then \$30 Copayment
<b>Diagnostic Testing*</b>		
Outpatient Hospital or Office Based Laboratory Services * Deductible does not apply and Copayment waived if provider is a preferred laboratory.	\$20 Copayment	Deductible then 40% Coinsurance
Outpatient Hospital or Office Based Radiology Services * Deductible does not apply and Copayment waived if provider is a preferred center.	\$20 Copayment	Deductible then 40% Coinsurance
<b>Behavioral Health Services</b>		
Mental Health/Substance Use Inpatient Services	Deductible then 20% Coinsurance	Deductible then 40% Coinsurance
Mental Health/Substance Use Outpatient Services	\$20 Copayment	Deductible then 40% Coinsurance
*(Up to 20 visits per plan year may be used for family counseling without the patient for substance use)		
<b>Condition Support Services</b>		

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Outpatient Rehabilitation/ Habilitation Services - Physical Therapy (60 visits PT/OT/ST combined per benefit period)	\$20 Copayment	Deductible then 40% Coinsurance (See In-Network limitation)
Outpatient Rehabilitation/ Habilitation Services - Speech Therapy (60 visits PT/OT/ST combined per benefit period)	\$20 Copayment	Deductible then 40% Coinsurance (See In-Network limitation)
Outpatient Rehabilitation/ Habilitation Services - Occupational Therapy (60 visits PT/OT/ST combined per benefit period)	\$20 Copayment	Deductible then 40% Coinsurance (See In-Network limitation)
Home Health Care	\$20 Copayment	Deductible then 40% Coinsurance
Skilled Nursing Facility	Deductible then 20% Coinsurance (200 days per benefit period)	Deductible then 40% Coinsurance (See In-Network limitation)
Chemotherapy/Radiation Therapy visit (See also Prescription Drugs Administered in Office for Drug cost share)	\$20 Copayment	Deductible then 40% Coinsurance
Prosthetic Appliances and Durable Medical Equipment	20% Coinsurance	Deductible then 40% Coinsurance
<b>Diabetic Services</b>		
Includes Insulin, oral medication, needles and syringes - up to a 30 day supply, Glucometers and Diabetic DME	\$15 Copayment	Deductible then 40% Coinsurance
<b>Vision Services</b>		
Laser Eye Surgery	Up to a maximum of \$750 reimbursement for eligible eye surgeries and consultations per lifetime	
<b>Wellness Care</b>		
Weight Management	Up to a \$75 reimbursement available for participation in a weight loss program	
Fitness Reimbursement	Up to \$200 reimbursement per 50 visits for subscriber (max \$400 reimbursement per year)	
Child Birthing Classes	Up to \$75 reimbursement available for completion of child birthing class	
CaféWell Participation	Participating (Up to \$365 Life Points per contract per calendar year)	
Acupuncture (10 visit limit per plan year for acupuncture services)	\$20 Copayment	Deductible then 40% Coinsurance
Nutritional Counseling	\$20 Copayment	Deductible then 40% Coinsurance
Chiropractic Benefits	\$20 Copayment	Deductible then 40% Coinsurance

*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 825,000 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.<sup>®</sup> (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.<sup>®</sup> (CDPHP UBI) Participating Physician/provider (including hospital admissions) unless otherwise preauthorized by CDPHP UBI.*

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## Pharmacy Coverage

### Retail Prescription Drugs (30 Day Supply)

Tier 1 Drugs	\$15
Tier 2 Drugs	\$25
Tier 3 Drugs	\$50
Specialty Drugs	\$50

Description

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.