Plan Code: BLKTSIENA423 (Pending NYS DFS Approval)

Presented For: Siena College Student Plan

Group ID: 20030004

Date Prepared: 2/2/2023

Effective Date: 08/15/2023



	In-Network	Out-Network
Cost Sharing Information		
Deductible	\$250 Single	\$4,000 Single
Out of Pocket Maximum	\$5,000 Single	\$6,000 Single
Office Visits		
PCP	\$30 Copayment	Deductible then 40% Coinsurance
Specialist	\$30 Copayment	Deductible then 40% Coinsurance
Telemedicine		
Preferred Live Video Doctor Visits (aptihealth, Doctor on Demand, Foodsmart, MovN)	Covered in Full	Not Covered
Other Participating Telemedicine Providers (Valera, Brave)	\$30 Copayment	Not Covered
Telehealth services from a CDPHP Network provider (PCP or Specialist)	PCP or Specialist cost share based on provider	Not Covered
Preventive and Well Care Services*		
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		
Hospital Services		
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Outpatient Surgery * Cost share may be reduced at a preferred ambulatory surgery center.	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Maternity Services*		
Maternity - Routine Prenatal Care and Postnatal Care	Covered in Full*	Deductible then 40% Coinsurance
Maternity - Inpatient Hospital Services	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Newborn Nursery	Deductible then Covered in full	Deductible then 40% Coinsurance
*(Non-routine services may result in an additional cost share)		
Emergency Care		
Worldwide Emergency Room Care (waived if admitted inpatient)	Deductible then 30% Coinsurance	All Emergency Care is Considered In Network
Ambulance	Deductible then 30% Coinsurance	All Emergency Care is Considered In Network
Urgent Care		
When seeking care within CDPHP's Service Area, a participating Urgent Care Center must be used.	\$40 Copayment	\$40 Copayment
Diagnostic Testing*		
Outpatient Hospital or Office Based Laboratory Services * Deductible does not apply and Copayment waived if provider is a preferred laboratory.	\$30 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.	\$30 Copayment	Deductible then 40% Coinsurance
Behavioral Health Services		
Mental Health/Substance Use Inpatient Services	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance

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Comparison Rehabilitation - Speech Inerapy (60 visits combined PT/OT/ST per benefit period) (See In-Network limitation)	Outpatient Rehabilitation - Physical Therapy		
Course C	Outpatient Rehabilitation - Speech Therapy	\$30 Copayment (60 visits combined PT/OT/ST per benefit period)	
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	Acupuncture (10 visit limit per plan year for acupuncture services)	\$30 Copayment	Deductible then 40% Coinsurance
Chiropractic Benefits \$30 Copayment Deductible then 40% Coinsurance	Nutritional Counseling	\$30 Copayment	Deductible then 40% Coinsurance
	Chiropractic Benefits	\$30 Copayment	Deductible then 40% Coinsurance

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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 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.

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			
	Retail Prescription Drug	gs (30 Day Supply)	
	Tier 1 Drugs	\$15	
	Tier 2 Drugs	\$25	
	Tier 3 Drugs	\$50	
Description	Specialty Drugs	\$50	
	Mail order, 2.0 copayments for a 90-day supply. Prescriptions must be written by a duly licensed health care provider and fil		
	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.	