



Union College Plan U PPO Benefit Summary 2019

	In-Network	Out-of-Network
Annual Deductible		
Individual Coverage	N/A	\$250
Family Coverage	N/A	\$500
Out-of-Pocket Maximum		
Individual Coverage	\$1,250	\$2,500
Family Coverage	\$2,500	\$5,000
Physician Services (In network: The specialist copayment decreases to \$20 after 10 visits)		
Office visits - PCP	\$20 copay	Deductible then 20% coinsurance
Live Video Doctor Visits (Through "Dr On Demand")	\$20 copay	N/A
Office visits - Specialist	\$30 copay	Deductible then 20% coinsurance
Well baby and child care	Covered in Full	Deductible then 20% coinsurance
Well Adult exam	Covered in Full	Deductible then 20% coinsurance
Hospital Services		
Inpatient Hospital, semi-private room (There is a separate \$350 individual/\$750 Family out of pocket maximum for inpatient and outpatient facility surgery combined)	\$250 copay	Deductible then 20% coinsurance
Physician Services	No Charge	Deductible then 20% coinsurance
Outpatient Surgery Facility	\$150 copay	Deductible then 20% coinsurance
Diagnostic Testing		
High Technology Imaging (CT/PET Scans, MRIs)	\$0 free standing, \$100 copay/visit non free standing	Deductible then 20% coinsurance
Laboratory/Radiology and Imaging (diagnostic radiology and blood work is covered in full at a preferred facility. \$20 copay at non preferred)	\$0 preferred, \$20 copay / visit	Deductible then 20% coinsurance
Maternity		
Physician services, pre/post natal care (copay applied to initial physician visit only in network)	\$20 copay	Deductible then 20% coinsurance
Inpatient Hospital Services	\$250 copay	Deductible then 20% coinsurance

Please see reverse for additional benefits

Benefit Summary Continued

	In-Network	Out-of-Network
Emergency Care		
Hospital Facility	\$100 copay	\$100 copay
Emergency Ambulance	Covered in Full	Deductible then 20% coinsurance
Copay waived if admitted within 24 hours for the same diagnosis,		
Urgent Care	\$30 copay	Deductible then 20% coinsurance
Physical Therapy, Occupational Therapy and Speech Therapy	\$250 copay for inpatient. \$20 copay per visit for outpatient	Deductible then 20% coinsurance for both inpatient and outpatient
30 visit limit combined PT, OT, ST, per year, in and out-of-network combined		
Durable Medical Equipment and Prosthetic Devices	20% coinsurance	Deductible then 50% coinsurance
Mental Health		
Inpatient Services	\$250 copay	Deductible then 20% coinsurance
Outpatient Services	\$20 copay	Deductible then 20% coinsurance
Children's Vision Exam 1 visit every 24 months	\$20 PCP / \$30 specialist copay.	Deductible then 20% coinsurance

This summary is provided to highlight some specific provisions of the plan. Some restrictions may apply. Please refer to your Summary Plan Description for more detailed information including limitations and exclusions. All benefits of the plan are subject to coordination of benefits.

This plan is sponsored by Union College and administered by Capital District Physicians' Healthcare Network, Inc. (CDPHN).

While this material is believed to be accurate as of the print date, it is subject to change without notice. In case of a conflict between the plan documents and this information, the plan documents will govern.

Questions?

CDPHN can answer questions and provide information about the benefits available under this plan. Just visit the Web site at www.cdphp.com or call (518) 641-3100 or 1-877-724-2579 from 8 a.m. to 5 p.m. Eastern Standard Time. The TTY number is 1-877-261-1164. For language assistance please call member services.