



## Union College Plan C PPO Benefit Summary 2021

	In-Network	Out-of-Network
<b>Annual Deductible</b>		
Individual Coverage	\$500	\$1,000
Family Coverage	\$1,000	\$2,000
<b>Out-of-Pocket Maximum</b>		
Individual Coverage	\$2,500	\$5,000
Family Coverage	\$5,000	\$10,000
<b>Physician Services</b> (In network: The specialist copayment decreases to \$20 after 10 visits)		
Office visits - PCP	\$20 copay	Deductible then 30% coinsurance
Live Video Doctor Visits (Through "Dr On Demand")	\$20 Copay	N/A
Office visits - Specialist	\$30 copay	Deductible then 30% coinsurance
Well baby and child care	Covered in Full	Deductible then 30% coinsurance
Well Adult exam	Covered in Full	Deductible then 30% coinsurance
<b>Hospital Services</b>		
Inpatient Hospital, semi-private room	Deductible then \$1,000 copay	Deductible then 30% coinsurance
Physician Services (Inpatient, Outpatient)	Deductible then covered in full	Deductible then 30% coinsurance
Outpatient Surgery Facility	Deductible then \$500 copay	Deductible then 30% coinsurance
<b>Diagnostic Testing</b>		
High Technology Imaging (CT/PET Scans, MRIs)	\$0 free standing, Deductible then \$150/visit non free standing	Deductible then 30% 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 30% coinsurance
<b>Maternity</b>		
Physician services, pre/post natal care (copay applied to initial physician visit only in network)	\$20 copay	Deductible then 30% coinsurance
Inpatient Hospital Services	Deductible then \$1,000 copay	Deductible then 30% coinsurance

Please see reverse for additional benefits

Benefit Summary Continued

	In-Network	Out-of-Network
<b>Emergency Care</b>		
Hospital Facility	\$100 copay	\$100 copay
Emergency Ambulance	Deductible then 10% coinsurance	Deductible then 30% coinsurance
Copay waived if admitted within 24 hours for the same diagnosis.		
Urgent Care	\$25 copay	Deductible then 30% coinsurance
<b>Physical Therapy, Occupational Therapy and Speech Therapy</b>		
	\$20 copay	Deductible then 30% coinsurance
30 visit limit combined PT, OT, ST, per year, in and out-of-network combined		
<b>Durable Medical Equipment and Prosthetic Devices</b>	Deductible then 20% coinsurance	Deductible then 50% coinsurance
<b>Mental Health</b>		
Inpatient Services	Deductible then \$1,000 copay	Deductible then 30% coinsurance
Outpatient Services	Deductible then \$20 copay	Deductible then 30% coinsurance
<b>Children's Vision Exam</b> 1 visit every 24 months	\$20 PCP / \$30 specialist copay.	Deductible then 30% 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](http://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.