

PPO Plan Benefit Summary

Plan Code: BLKTRP116

Presented For: RPI Student Plan



Date Prepared: 2/22/2016

Effective Date: 8/1/2016

	In Network	Out of Network
Deductible	\$0	\$1,000 Single / \$2,500 Family (Embedded)
Annual Maximum	Unlimited In and Out of Network	
Coinsurance	10% Coinsurance	20% Coinsurance
Office Visits		
PCP	10% Coinsurance	Deductible then 20% Coinsurance
Specialist	10% Coinsurance	Deductible then 20% Coinsurance
Out of Pocket Maximum	\$2,500 Single / \$5,000 Family	\$4,000 Single / \$10,000 Family
Benefit Maximum	Unlimited	Unlimited
Physician Services		
PCP Office Visits for illness, injury or second opinion	10% Coinsurance	Deductible then 20% Coinsurance
Specialist Office Visits for illness, injury or second opinion	10% Coinsurance	Deductible then 20% Coinsurance
Physician Visits during inpatient stay when billed separately from the facility	10% Coinsurance	Deductible then 20% Coinsurance
Well Baby and Child Care including immunizations and inoculations	Covered in Full	Deductible then 20% Coinsurance
Annual Adult Exam	Covered in Full	Deductible then 20% Coinsurance
Annual Gynecological Exam	Covered in Full	Deductible then 20% Coinsurance
Hospital Services		
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	10% Coinsurance	Deductible then 20% Coinsurance
Outpatient Surgery	10% Coinsurance	Deductible then 20% Coinsurance
Maternity		
Physician Services when billed separately from the facility	10% Coinsurance	Deductible then 20% Coinsurance
Inpatient Hospital Services	10% Coinsurance	Deductible then 20% Coinsurance
Newborn Nursery	Covered in Full	Deductible then 20% Coinsurance
Emergency Care		
Worldwide Emergency Room Care	10% Coinsurance	All Emergency Care is Considered In Network
Ambulance	10% Coinsurance	All Emergency Care is Considered In Network
Urgent Care	10% Coinsurance	Deductible then 10% Coinsurance

Services (Cont.)

	In Network	Out of Network
Diabetic Services		
Insulin and oral Medication - up to a 30 day supply	\$15 Copayment	20% Coinsurance
Diabetic Supplies (needles and syringes) - up to a 30 day supply	\$15 Copayment	20% Coinsurance
Glucometers	\$15 Copayment	20% Coinsurance
Diabetic DME	\$15 Copayment	20% Coinsurance
Mental Health Services		
Inpatient	10% Coinsurance	Deductible then 20% Coinsurance
OutPatient	10% Coinsurance	Deductible then 20% Coinsurance
Chemical Abuse and Dependency Services		
Inpatient Detox	10% Coinsurance	Deductible then 20% Coinsurance
Outpatient	10% Coinsurance	Deductible then 20% Coinsurance
Inpatient Rehabilitation Services	10% Coinsurance	Deductible then 20% Coinsurance
Transgender Health Care Services		
	Please contact CDPHP for policy and coverage details.	
Dependent Coverage	Covered to Age 26	Covered to Age 26

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.

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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.