## PPO Plan Benefit Summary
**Plan Code:** BLKTRP/16  
**Presented For:** RPI Student Plan

**Date Prepared:** 2/22/2016  
**Effective Date:** 8/1/2016

<table>
<thead>
<tr>
<th><strong>In Network</strong></th>
<th><strong>Out of Network</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible</strong></td>
<td><strong>$1,000 Single / $2,500 Family (Embedded)</strong></td>
</tr>
<tr>
<td><strong>Annual Maximum</strong></td>
<td>Unlimited In and Out of Network</td>
</tr>
<tr>
<td><strong>Coinsurance</strong></td>
<td>20% Coinsurance</td>
</tr>
<tr>
<td><strong>Office Visits</strong></td>
<td>Deductible then 20% Coinsurance</td>
</tr>
<tr>
<td><strong>PCP</strong></td>
<td>10% Coinsurance</td>
</tr>
<tr>
<td><strong>Specialist</strong></td>
<td>10% Coinsurance</td>
</tr>
<tr>
<td><strong>Out of Pocket Maximum</strong></td>
<td>Deductible then 20% Coinsurance</td>
</tr>
<tr>
<td><strong>$2,500 Single / $5,000 Family</strong></td>
<td>$4,000 Single / $10,000 Family</td>
</tr>
<tr>
<td><strong>Benefit Maximum</strong></td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

### 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
<table>
<thead>
<tr>
<th>Services (Cont.)</th>
<th>In Network</th>
<th>Out of Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diabetic Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insulin and oral Medication - up to a 30 day supply</td>
<td>$15 Copayment</td>
<td>20% Coinsurance</td>
</tr>
<tr>
<td>Diabetic Supplies (needles and syringes) - up to a 30 day supply</td>
<td>$15 Copayment</td>
<td>20% Coinsurance</td>
</tr>
<tr>
<td>Glucometers</td>
<td>$15 Copayment</td>
<td>20% Coinsurance</td>
</tr>
<tr>
<td>Diabetic DME</td>
<td>$15 Copayment</td>
<td>20% Coinsurance</td>
</tr>
<tr>
<td><strong>Mental Health Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient</td>
<td>10% Coinsurance</td>
<td>Deductible then 20% Coinsurance</td>
</tr>
<tr>
<td>OutPatient</td>
<td>10% Coinsurance</td>
<td>Deductible then 20% Coinsurance</td>
</tr>
<tr>
<td><strong>Chemical Abuse and Dependency Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Inpatient Detox</td>
<td>10% Coinsurance</td>
<td>Deductible then 20% Coinsurance</td>
</tr>
<tr>
<td>Outpatient</td>
<td>10% Coinsurance</td>
<td>Deductible then 20% Coinsurance</td>
</tr>
<tr>
<td>Inpatient Rehabilitation Services</td>
<td>10% Coinsurance</td>
<td>Deductible then 20% Coinsurance</td>
</tr>
</tbody>
</table>

**Transgender Health Care Services**

Please contact CDPHP for policy and coverage details.

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**Dependent Coverage**

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.

CDPHP UBI gives you access to more than 675,000 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.