PPO Plan Benefit Summary

Plan Code: PS1L13

Presented For: RPI Student Plan

Date Prepared: 4/12/2013
Effective Date: 8/1/2013

	In Network	Out of Network
Deductible	$0	$1,000 Single / $2,500 Family (Embedded)
Annual Maximum	$500,000 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
Coinsurance 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
Diagnostic Testing*		
Outpatient Hospital Laboratory Services * Deductible/Coinsurance waived if provider is a designated laboratory.	10% Coinsurance	Deductible then 20% Coinsurance
Outpatient Hospital Radiology Services * Coinsurance waived if provider is a preferred center.	10% Coinsurance	Deductible then 20% Coinsurance
Office Based Laboratory Services * Deductible/Coinsurance waived if provider is a designated laboratory.	10% Coinsurance	Deductible then 20% Coinsurance
Office Based Radiology Services * Coinsurance waived if provider is a preferred center.	10% Coinsurance	Deductible then 20% Coinsurance
Mammogram	Covered in Full	Deductible then 20% Coinsurance
Cytology Screening	Covered in Full	Deductible then 20% Coinsurance
Prostate Cancer Screening	Covered in Full	Deductible then 20% Coinsurance
Physical Therapy In network and Out of Network visits are counted toward maximum	10% Coinsurance (30 visits per benefit period)	Deductible then 20% Coinsurance
Speech Therapy In network and Out of Network visits are counted toward maximum	10% Coinsurance (20 visits per benefit period)	Deductible then 20% Coinsurance
Occupational Therapy In network and Out of Network visits are counted toward maximum	10% Coinsurance (30 visits per benefit period)	Deductible then 20% Coinsurance
Chiropractic Benefits	10% Coinsurance	Deductible then 20% Coinsurance
Home Health Care Deductible not to exceed $50	10% Coinsurance	Deductible then 20% Coinsurance
Skilled Nursing Facility	10% Coinsurance (45 days per benefit period)	Deductible then 20% Coinsurance
Prosthetic Appliances and Durable Medical Equipment	50% Coinsurance ($25,000 lifetime maximum)	Covered In-Network Only

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
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.

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 UBI.

Your employer has chosen the following rider(s) to modify the Plan under which you would be covered as a CDPHP Member.

Pharmacy Coverage

Rider Name	PPRXL4A13
Description	Prescription drug benefit as follows, $10 copayment for 30-day supply of covered Tier 1 drugs. $30 copayment for 30-day supply of covered Tier 2 drugs. $50 copayment for 30-day supply of Tier 3 drugs. Mail order, 2.5 copayments for a 90-day supply. Prescriptions must be written by a duly licensed health care provider and filled at 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.

Domestic Partnership

Rider Name	ELG13
Description	Provides coverage for an eligible same sex domestic partner and his or her eligible dependent children.