## CDPHP® PPO Plan Benefit Summary

**Presented For:** Rensselaer Polytechnic Institute Student Plan  
**Plan Code:** BLKTRP19  
**Date Prepared:** 3/4/2019  
**Effective Date:** 8/1/2019  
**Metal Tier:** Platinum

### Deductible

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductible</td>
<td>$0 Single</td>
<td>$1,000 Single</td>
</tr>
</tbody>
</table>

### Coinsurance

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Office Visits</td>
<td>10% Coinsurance</td>
<td>Deductible then 20% Coinsurance</td>
</tr>
<tr>
<td>PCP</td>
<td>10% Coinsurance</td>
<td>Deductible then 20% Coinsurance</td>
</tr>
<tr>
<td>Live Video Doctor Visits</td>
<td>10% Coinsurance</td>
<td>Not Covered</td>
</tr>
<tr>
<td>Specialist</td>
<td>10% Coinsurance</td>
<td>Deductible then 20% Coinsurance</td>
</tr>
</tbody>
</table>

### Out of Pocket Maximum

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out of Pocket Maximum</td>
<td>$2,500 Single</td>
<td>$4,000 Single</td>
</tr>
</tbody>
</table>

### Benefit Maximum

<table>
<thead>
<tr>
<th></th>
<th>In-Network</th>
<th>Out-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
</tbody>
</table>

### Physician Services

- **PCP Office Visits for illness, injury or second opinion:** 10% Coinsurance  
- **Specialist Office Visits for illness, injury or second opinion:** 10% Coinsurance  
- **Physician Visits during inpatient stay when billed separately from the facility:** Covered in full  
- **Chemotherapy/Radiation Therapy:** 10% Coinsurance  
- **Immunizations and Inoculations:** Covered in full  
- **Annual Adult Exam:** Covered in full  
- **Annual Gynecological Exam:** Covered in full

### Hospital Services

- **Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc):** 10% Coinsurance  
- **Newborn Nursery:** Covered in full  
- **Outpatient Surgery:** 10% Coinsurance

### Emergency Care

- **Worldwide Emergency Room Care:** 10% Coinsurance  
  (All Emergency Care is Considered In Network)

### Urgent Care

- **Nonparticipating urgent care facility services within the CDPHP UBI service area are not covered:** 10% Coinsurance  
  (Deductible then 10% Coinsurance)

### Diagnostic Testing*

- **Outpatient Hospital Laboratory Services:** 10% Coinsurance  
  (Deductible then 20% Coinsurance)
- **Outpatient Hospital Radiology Services INN:** 10% Coinsurance  
  (Deductible then 20% Coinsurance)
- **Office Based Laboratory Services:** 10% Coinsurance  
  (Deductible then 20% Coinsurance)
- **Office Based Radiology Services INN:** 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  
  (60 visits combined PT/OT/ST)  
  (Deductible then 20% Coinsurance)

### Speech Therapy

- **In network and Out of Network visits are counted toward maximum:** 10% Coinsurance  
  (60 visits combined PT/OT/ST)  
  (Deductible then 20% Coinsurance)

### Occupational Therapy

...
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 825,000 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. 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.

In-Network | Out-Network
--- | ---
In network and Out of Network visits are counted toward maximum | 10% Coinsurance
60 visits combined PT/OT/ST | Deductible then 20% Coinsurance
Home Health Care | 10% Coinsurance | Deductible then 20% Coinsurance
Skilled Nursing Facility | 10% Coinsurance | Deductible then 20% Coinsurance
Prosthetic Appliances and Durable Medical Equipment | 50% Coinsurance | Deductible then 20% Coinsurance
Diabetic Services | $15 Copayment | 20% Coinsurance
Includes Insulin, oral medication, needles and syringes - up to a 30 day supply, Glucometers and Diabetic DME | 10% Coinsurance | Deductible then 20% Coinsurance
Mental Health Services | 10% Coinsurance | Deductible then 20% Coinsurance
Inpatient | 10% Coinsurance | Deductible then 20% Coinsurance
Outpatient | 10% Coinsurance | Deductible then 20% Coinsurance
Chemical Abuse and Dependency Services | 10% Coinsurance | Deductible then 20% Coinsurance
Inpatient (Detoxification/Rehabilitation) | 10% Coinsurance | Deductible then 20% Coinsurance
Outpatient | 10% Coinsurance | Deductible then 20% Coinsurance
Wellness Care | 10% Coinsurance | Deductible then 20% Coinsurance
Weight Management | 10% Coinsurance (10 visit limit for acupuncture services) | Deductible then 20% Coinsurance
Laser Vision Correction | $750 reimbursement available for laser vision correction surgery once per lifetime. | Deductible then 20% Coinsurance
Acupuncture | 10% Coinsurance | Deductible then 20% Coinsurance
Chiropractic Benefits | 10% Coinsurance | Deductible then 20% Coinsurance
Fitness Reimbursement | $400 total reimbursement available $200 subscriber every 6-months. | Participating
Transgender Health Care Services | Please contact CDPHP for policy and coverage details.
<table>
<thead>
<tr>
<th>Pharmacy Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
</tr>
<tr>
<td>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. Prescription drugs are not subject to the plan deductible, if applicable.</td>
</tr>
</tbody>
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<tr>
<th>Vision Exam</th>
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<tbody>
<tr>
<td><strong>Description</strong></td>
</tr>
<tr>
<td>Provides coverage for a routine eye exam once per Benefit Period. Benefit is subject to 10% Coinsurance.</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Pediatric Vision Hardware</th>
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</thead>
<tbody>
<tr>
<td><strong>Description</strong></td>
</tr>
<tr>
<td>Provides coverage for vision hardware (standard frames and lenses or contact lenses) once per Benefit Period for members up to age 19. Benefit is covered at 50% Coinsurance.</td>
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</tbody>
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