

CDPHP® PPO Plan Benefit Summary



Plan Code: HARTWICK623
 Presented For: Hartwick College Student Plan
 Group ID: 20031550
 Date Prepared: 7/19/2023
 Effective Date: 08/1/2023

| | In-Network | Out-Network |
|--|---|---|
| Cost Sharing Information | | |
| Deductible | \$200 Single | \$400 Single |
| Out of Pocket Maximum | \$6,350 Single | \$6,350 Single |
| Office Visits | | |
| PCP | Deductible then \$30 Copayment, then 20% Coinsurance | Deductible then \$30 Copayment, then 20% Coinsurance |
| Specialist | Deductible then \$30 Copayment, then 20% Coinsurance | Deductible then \$30 Copayment, then 20% Coinsurance |
| Telemedicine | | |
| Preferred Live Video Doctor Visits (aptihealth, Doctor on Demand, Foodsmart, MovN) | Deductible then Covered in Full | Not Covered |
| Other Participating Telemedicine Providers (Valera, Brave) | Deductible then \$30 Copayment, then 20% Coinsurance | Not Covered |
| Telehealth services from a CDPHP Network provider (PCP or Specialist) | PCP or Specialist cost share based on provider | Not Covered |
| Preventive and Well Care Services* | | |
| Annual Adult Exam (One exam per plan year regardless if 365 days have passed) | Covered in full | Deductible then \$30 Copayment, then 20% Coinsurance |
| Mammography | Covered in full | Deductible then \$30 Copayment, then 20% Coinsurance |
| Annual Pap Test and Ob/Gyn Exam | Covered in full | Deductible then \$30 Copayment, then 20% Coinsurance |
| Prostate Cancer Screening | Covered in full | Deductible then \$30 Copayment, then 20% Coinsurance |
| Bone Density Tests | Covered in full | Deductible then \$30 Copayment, then 20% Coinsurance |
| *Cost sharing may apply to diagnostic care | | |
| Hospital Services | | |
| Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc) | Deductible then 20% Coinsurance | Deductible then 20% Coinsurance |
| Outpatient Surgery * Cost share may be reduced at a preferred ambulatory surgery center. | Deductible then \$200 Copayment, then 20% Coinsurance | Deductible then \$200 Copayment, then 20% Coinsurance |
| Maternity Services* | | |
| Maternity - Routine Prenatal Care and Postnatal Care | Covered in Full* | Deductible then 20% Coinsurance |
| Maternity - Inpatient Hospital Services | Deductible then 20% Coinsurance | Deductible then 20% Coinsurance |
| Newborn Nursery | Deductible then Covered in full | Deductible then 20% Coinsurance |
| *(Non-routine services may result in an additional cost share) | | |
| Emergency Care | | |
| Worldwide Emergency Room Care (waived if admitted inpatient) | Deductible then \$250 Copayment, then 20% Coinsurance | All Emergency Care is Considered In Network |
| Ambulance | Deductible then 20% Coinsurance | All Emergency Care is Considered In Network |
| Urgent Care | | |
| When seeking care within CDPHP's Service Area, a participating Urgent Care Center must be used. | Deductible then \$30 Copayment, then 20% Coinsurance | Deductible then \$30 Copayment, then 20% Coinsurance |
| Diagnostic Testing* | | |
| Outpatient Hospital or Office Based Laboratory Services * Deductible does not apply and Copayment waived if provider is a preferred laboratory. | Deductible then \$30 Copayment, then 20% Coinsurance | Deductible then \$30 Copayment, then 20% Coinsurance |
| Outpatient Hospital or Office Based Radiology Services * Deductible does not apply and Copayment waived if provider is a preferred center. | Deductible then \$30 Copayment, then 20% Coinsurance | Deductible then \$30 Copayment, then 20% Coinsurance |
| Behavioral Health Services | | |
| Mental Health/Substance Use Inpatient Services | Deductible then 20% Coinsurance | Deductible then 20% Coinsurance |

CDPHP® PPO Plan Benefit Summary



Plan Code: HARTWICK623
 Presented For: Hartwick College Student Plan
 Group ID: 20031550
 Date Prepared: 7/19/2023
 Effective Date: 08/1/2023

| | In-Network | Out-Network |
|---|--|---|
| Mental Health/Substance Use Outpatient Services | \$0 Copayment | Deductible then \$30 Copayment, then 20% Coinsurance |
| *(Up to 20 visits per plan year may be used for substance use family counseling.) | | |
| Condition Support Services | | |
| Outpatient Rehabilitation - Physical Therapy | Deductible then \$30 Copayment, then 20% Coinsurance (60 visits combined PT/OT/ST per benefit period) | (See In-Network cost-share and limitations) |
| Outpatient Rehabilitation - Speech Therapy | Deductible then \$30 Copayment, then 20% Coinsurance (60 visits combined PT/OT/ST per benefit period) | (See In-Network cost-share and limitations) |
| Outpatient Rehabilitation - Occupational Therapy | Deductible then \$30 Copayment, then 20% Coinsurance (60 visits combined PT/OT/ST per benefit period) | (See In-Network cost-share and limitations) |
| Home Health Care | Covered in full | Deductible then \$30 Copayment, then 20% Coinsurance |
| Skilled Nursing Facility | Deductible then 20% Coinsurance (200 days per plan year) | Deductible then 20% Coinsurance (See In-Network limitation) |
| Chemotherapy/Radiation Therapy visit | Deductible then \$30 Copayment, then 20% Coinsurance | Deductible then \$30 Copayment, then 20% Coinsurance |
| Prosthetic Devices and Durable Medical Equipment | Deductible then \$30 Copayment, then 20% Coinsurance | Deductible then \$30 Copayment, then 20% Coinsurance |
| Diabetic Services | | |
| Includes Insulin, oral medication, needles and syringes - up to a 30 day supply, Glucometers and Diabetic DME. Insulin is limited to \$100 out of pocket per 30 day supply. | Deductible then 20% Coinsurance | Deductible then 20% Coinsurance |
| Vision Services | | |
| Laser Eye Surgery | Up to a maximum of \$750 reimbursement for eligible eye surgeries and consultations per lifetime | |
| Wellness Care | | |
| Weight Management | Up to a \$100 reimbursement available for participation in a weight loss program | |
| Fitness Reimbursement | Subscribers can be reimbursed up to \$400 per plan year for qualified fitness activities. Of the \$400, up to \$200 can be applied for reimbursement of wearable fitness devices. Covered dependents can be reimbursed up to a combined \$200 for qualified fitness activities and youth sports fees for members under age 18. Of the \$200, up to \$100 can be applied for reimbursement of wearable fitness devices. | |
| Child Birthing Classes | Up to \$75 reimbursement available for completion of child birthing class | |
| Doula Reimbursement (A doula is a trained companion who supports another person through pregnancy and childbirth) | \$1,500 | |
| Life Points Rewards | Participating (Up to \$365 Life Points per contract per calendar year) | |
| Acupuncture (10 visit limit per plan year for acupuncture services) | Deductible then \$30 Copayment, then 20% Coinsurance | Deductible then \$30 Copayment, then 20% Coinsurance |
| Nutritional Counseling | Deductible then \$30 Copayment, then 20% Coinsurance | Deductible then \$30 Copayment, then 20% Coinsurance |
| Chiropractic Benefits | Deductible then \$30 Copayment, then 20% Coinsurance | Deductible then \$30 Copayment, then 20% Coinsurance |

CDPHP® PPO Plan Benefit Summary



Plan Code: HARTWICK623
Presented For: Hartwick College Student Plan
Group ID: 20031550
Date Prepared: 7/19/2023
Effective Date: 08/1/2023

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.

CDPHP® PPO Plan Benefit Summary



Plan Code: HARTWICK623
Presented For: Hartwick College Student Plan
Group ID: 20031550
Date Prepared: 7/19/2023
Effective Date: 08/1/2023

| Pharmacy Coverage | |
|---|---|
| Description | Retail Prescription Drugs (30 Day Supply) |
| | Tier 1 Drugs 10% Coinsurance |
| | Tier 2 Drugs 10% Coinsurance |
| | Tier 3 Drugs 10% Coinsurance |
| | Specialty Drugs 10% Coinsurance |
| Mail order, 2.0 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. | |