

# Russell Sage College Health Plan PPO Plan Benefit Summary

Group ID: 20020214

Group Name: Russell Sage College

Effective Date: 1/1/2025



	In-Network	Out-Network
<b>Cost Sharing Information</b>		
Deductible (Individual/Family)	Not Applicable	\$250/\$750 (EMBEDDED)
Out of Pocket Maximum (Individual/Family)	\$6350/\$12700 (EMBEDDED)	\$6350/\$12700 (EMBEDDED)
<b>Dependent Coverage</b>		
	Age 26 End of Month	Age 26 End of Month
<b>Domestic Partner Coverage</b>		
	Covered	Covered
<b>Office Visits</b>		
PCP	\$30 Copayment	Deductible then 20% Coinsurance
Specialist	\$50 Copayment	Deductible then 20% Coinsurance
<i>Find Participating Providers at <a href="http://findadoc.cdphp.com">findadoc.cdphp.com</a></i>		
<b>Telemedicine</b>		
Preferred Live Video Doctor Visits (Doctor on Demand, Foodsmart, MovN)	\$30 Copayment	Not Covered
Other Participating Telemedicine Providers (aptihealth)	\$30 Copayment	Not Covered
Telehealth services from a CDPHN Network provider (PCP/Specialist)	\$30 PCP/\$50 Specialist Copayment	Not Covered
<b>Preventive and Well Care Services*</b>		
Well Baby and Child Care including immunizations	Covered in Full	Deductible then 20% Coinsurance
Annual Adult Exam (One exam per plan year regardless of if 365 days have passed)	Covered in Full	\$40 Copayment, \$100 max per calendar year
Mammography	Covered in Full	Deductible then 20% Coinsurance
Annual Pap Test and Ob/Gyn Exam	Covered in Full	Deductible then 20% Coinsurance
Prostate Cancer Screening	Covered in Full	Deductible then 20% Coinsurance
Bone Density Tests	\$50 Copayment	Deductible then 20% Coinsurance
<i>*Cost sharing may apply to diagnostic care</i>		
<b>Retail Prescription Drugs</b>		
Tier 1 Drugs	\$10 Copayment	Not Covered
Tier 2 Drugs	\$30 Copayment	Not Covered
Tier 3 Drugs	\$50 Copayment	Not Covered
Tier 4 – Specialty Medications	\$50 copayment after exhaustion of manufacturer copay assistance	Not Covered
Tier 5 – Specialty Medications	\$50 copayment after exhaustion of manufacturer copay assistance	Not Covered
<i>Covers up to a 30-day supply (retail prescription); 90-day supply (mail order prescription). 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 CDPHN. Specialty drugs are not eligible for the mail order program. This plan uses Formulary 5.</i>		
<b>Hospital Services</b>		
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	\$300 Copayment	\$300 Copayment
Outpatient Surgery Facility	\$100 Copayment	Deductible then 20% Coinsurance

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<b>Maternity Services*</b>		
Maternity - Routine Prenatal Care and Postnatal Care	\$30 Copayment (Covered in full after initial diagnosis)	Deductible then 20% Coinsurance
Maternity - Inpatient Hospital Services	\$300 Copayment	\$300 Copayment
Newborn Nursery	Covered in Full	\$100 Copayment
<i>*Non-routine services may result in an additional cost share</i>		
<b>Emergency Care</b>		
Worldwide Emergency Room Care (waived if admitted inpatient)	\$100 Copayment	\$100 Copayment
Ambulance	Covered in Full	Covered in Full
<b>Urgent Care</b>		
When seeking care within CDPHP's Service Area, a participating Urgent Care Center must be used.	\$50 Copayment	Deductible then 20% Coinsurance
<b>Diagnostic Testing*</b>		
Outpatient Hospital or Office Based Laboratory Services: * Copayment waived if provider is a preferred laboratory.	\$50 Copayment	Deductible then 20% Coinsurance
Outpatient Hospital or Office Based Radiology and Imaging Services (X-ray, Ultrasound): * Copayment waived if provider is a preferred center.	\$50 Copayment	Deductible then 20% Coinsurance
Outpatient Hospital or Office Based Advanced Imaging Services (MRI, CT Scan, PET Scan):	\$50 Copayment	Deductible then 20% Coinsurance
<b>Diabetic Services</b>		
Insulin	30% Coinsurance (Up to a max of \$10)	Not Covered
Oral Medications	30% Coinsurance (Up to a max of \$10)	Not Covered
Needles and Syringes	Lesser of \$10 Copayment or 30% Coinsurance	Lesser of \$10 Copayment or 30% Coinsurance
Diabetic DME (Insulin Pumps/Omni Pods, Glucose Monitors)	Lesser of \$10 Copayment or 30% Coinsurance	Lesser of \$10 Copayment or 30% Coinsurance
<b>Behavioral Health Services</b>		
Mental Health/Substance Use Inpatient Services	\$300 Copayment	Deductible then 20% Coinsurance
Mental Health/Substance Use Office-Based Services	\$30 Copayment	Deductible then 20% Coinsurance
<b>Outpatient Rehabilitation/Habilitation Services</b>		
Physical Therapy (120 days of short-term therapy for each specific diagnosis)	\$50 Copayment	Deductible then 20% Coinsurance
Speech Therapy (60 days per benefit period per diagnosis)	\$50 Copayment	Deductible then 20% Coinsurance
Occupational Therapy (60 days per benefit period per diagnosis)	\$50 Copayment	Deductible then 20% Coinsurance
<b>Condition Support Services</b>		
Home Health Care	Covered in Full	Deductible then 20% Coinsurance
Skilled Nursing Facility	Covered in Full	Deductible then 20% Coinsurance
Chemotherapy/Radiation Therapy visit	Covered in Full	Covered in Full
Prosthetic Devices and Durable Medical Equipment	20% Coinsurance	Deductible then 20% Coinsurance
Hearing Aids	Not Covered	Not Covered
<b>Wellness Care</b>		
Chiropractic Benefits (\$2,000 Calendar Year Maximum combined INN/OON)	\$50 Copayment	Deductible then 20% Coinsurance
Vision Exam	\$50 Copayment	Deductible then 20% Coinsurance
Vision Hardware	Not Covered	Not Covered
Acupuncture	\$50 Copayment	\$50 Copayment

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This summary is provided to highlight some specific provisions of the plan. Some restrictions may apply. Please refer to your Summary Plan Description for more detailed information including limitations and exclusions. All benefits of the plan are subject to coordination of benefits.

This plan is sponsored by Russell Sage College and administered by Capital District Physicians' Healthcare Network, Inc. While this material is believed to be accurate as of the print date, it is subject to change without notice. In case of a conflict between the plan documents and this information, the plan documents will govern.

## **Questions?**

CDPHN can answer questions and provide information about the benefits available under this plan. Just visit the Web site at [www.cdphp.com](http://www.cdphp.com) or call (518) 641-3100 or 1-877-724-2579 from 8 a.m. to 5 p.m. Eastern Standard Time. The TTY