

# CDPHP® PPO Plan Benefit Summary



Plan Code: BARD117  
 Presented For: Bard College Student Plan  
 Group ID: 20030973  
 Date Prepared: -----  
 Effective Date: 8/1/2017  
 Metal Tier: Platinum

	In-Network	Out-Network
Deductible	\$100 Single / \$200 (Embedded)	combined with INN Single / combined with INN Family
Coinsurance	10% Coinsurance	10% Coinsurance
<b>Office Visits</b>		
PCP	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
Specialist	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
Out of Pocket Maximum	\$6,350 Single / \$12,700 Family (Embedded)	combined With INN Single / combined With INN Family (Embedded)
Benefit Maximum	Unlimited	Unlimited
<b>Physician Services</b>		
PCP Office Visits for illness, injury or second opinion	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
Specialist Office Visits for illness, injury or second opinion	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
Physician Visits during inpatient stay when billed separately from the facility	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
Chemotherapy/Radiation Therapy	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
Well Baby and Child Care including immunizations and inoculations	Covered in Full	Deductible then 10% Coinsurance
Annual Adult Exam	Covered in Full	Deductible then 10% Coinsurance
Annual Gynecological Exam	Covered in Full	Deductible then 10% Coinsurance
<b>Hospital Services</b>		
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
Outpatient Surgery	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
<b>Maternity</b>		
Physician Services when billed separately from the facility	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
Inpatient Hospital Services	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
Newborn Nursery	Deductible then Covered in Full	Deductible then 10% Coinsurance
<b>Emergency Care</b>		
Worldwide Emergency Room Care	Deductible then \$100 Copayment	All Emergency Care is Considered In Network
Ambulance	Deductible then 10% Coinsurance	All Emergency Care is Considered In Network
<b>Urgent Care</b>		
Nonparticipating urgent care facility services within the CDPHP UBI service area are not covered	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
<b>Diagnostic Testing*</b>		
Outpatient Hospital Laboratory Services * Deductible/Coinsurance waived if provider is a designated laboratory.	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
Outpatient Hospital Radiology Services * Coinsurance waived if provider is a preferred center.	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
Office Based Laboratory Services * Deductible/Coinsurance waived if provider is a designated laboratory.	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
Office Based Radiology Services * Coinsurance waived if provider is a preferred center.	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
Mammogram	Covered in Full	Deductible then 10% Coinsurance
Cytology Screening	Covered in Full	Deductible then 10% Coinsurance
Prostate Cancer Screening	Covered in Full	Deductible then 10% Coinsurance

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<b>Physical Therapy</b>		
In network and Out of Network visits are counted toward max	Deductible then 10% Coinsurance (60 visits combined therapies (PT/OT/ST))	Deductible then 10% Coinsurance
<b>Speech Therapy</b>		
In network and Out of Network visits are counted toward maximum	Deductible then 10% Coinsurance (60 visits combined therapies (PT/OT/ST))	Deductible then 10% Coinsurance
<b>Occupational Therapy</b>		
In network and Out of Network visits are counted toward maximum	Deductible then 10% Coinsurance (60 visits combined therapies (PT/OT/ST))	Deductible then 10% Coinsurance
<b>Chiropractic Benefits</b>		
	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
<b>Home Health Care</b>		
	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
<b>Skilled Nursing Facility</b>		
	Deductible then 10% Coinsurance (200 days per benefit period)	Deductible then 10% Coinsurance
<b>Prosthetic Appliances and Durable Medical Equipment</b>		
	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
<b>Diabetic Services</b>		
Insulin and oral Medication - up to a 30 day supply	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
Diabetic Supplies (needles and syringes) - up to a 30 day supply	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
Glucometers	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
Diabetic DME	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
<b>Mental Health Services</b>		
Inpatient	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
OutPatient	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
<b>Chemical Abuse and Dependency Services</b>		
Inpatient Detox	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
Outpatient	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
Inpatient Rehabilitation Services	Deductible then 10% Coinsurance	Deductible then 10% Coinsurance
<b>Wellness Care</b>		
Acupuncture	Deductible then 10% Coinsurance (10 visit limit for acupuncture services)	Deductible then 10% Coinsurance
Life Points Participation	Participating	

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*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 725,000 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](http://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.*

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

Pharmacy Coverage	
Description	Prescription drug benefit as follows, \$10 copayment for 30-day supply of covered Tier 1 drugs. \$25 copayment for 30-day supply of covered Tier 2 drugs. \$40 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.