

CDPHP® PPO Plan Benefit Summary



Plan Code: BLKTSIENA422
 Presented For: Siena College Student Plan
 Group ID: 20030004
 Date Prepared: 4/8/2022
 Effective Date: 08/15/2022

	In-Network	Out-Network
Cost Sharing Information		
Deductible	\$250 Single	\$4,000 Single
Out of Pocket Maximum	\$5,000 Single	\$6,000 Single
Office Visits		
PCP	\$30 Copayment	Deductible then 40% Coinsurance
Specialist	\$30 Copayment	Deductible then 40% Coinsurance
Telemedicine		
Preferred Live Video Doctor Visits (Doctor on Demand, Foodsmart, MovN)	Covered in Full	Not Covered
Other Participating Telemedicine Providers (Valera, aptihealth, Brave)	\$30 Copayment	Not Covered
Telehealth services from a CDPHP Network provider (PCP or Specialist)	PCP or Specialist cost share based on provider	PCP or Specialist cost share based on provider
Preventive and Well Care Services*		
Well Baby and Child Care including immunizations	Covered in full	Deductible then 40% Coinsurance
Annual Adult Exam (One exam per plan year regardless if 365 days have passed)	Covered in full	Deductible then 40% Coinsurance
Mammography	Covered in full	Deductible then 40% Coinsurance
Annual Pap Test and Ob/Gyn Exam	Covered in full	Deductible then 40% Coinsurance
Prostate Cancer Screening	Covered in full	Deductible then 40% Coinsurance
Bone Density Tests	Covered in full	Deductible then 40% Coinsurance
*Cost sharing may apply to diagnostic care		
Hospital Services		
Inpatient Hospital (semi-private room, anesthesia, X-Ray, lab tests, etc)	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Outpatient Surgery * Cost share may be reduced at a preferred ambulatory surgery center.	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Maternity Services*		
Maternity - Routine Prenatal Care and Postnatal Care	Covered in Full*	Deductible then 40% Coinsurance
Maternity - Inpatient Hospital Services	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance
Newborn Nursery	Deductible then Covered in full	Deductible then 40% Coinsurance
*(Non-routine services may result in an additional cost share)		
Emergency Care		
Worldwide Emergency Room Care (waived if admitted inpatient)	Deductible then 30% Coinsurance	All Emergency Care is Considered In Network
Ambulance	Deductible then 30% Coinsurance	All Emergency Care is Considered In Network
Urgent Care		
Nonparticipating urgent care facility services within the CDPHP UBI service area are not covered	\$40 Copayment	\$40 Copayment
Diagnostic Testing*		
Outpatient Hospital or Office Based Laboratory Services * Deductible does not apply and Copayment waived if provider is a preferred laboratory.	\$30 Copayment	Deductible then 40% Coinsurance
Outpatient Hospital or Office Based Radiology Services * Deductible does not apply and Copayment waived if provider is a preferred center.	\$30 Copayment	Deductible then 40% Coinsurance
Behavioral Health Services		
Mental Health/Substance Use Inpatient Services	Deductible then 30% Coinsurance	Deductible then 40% Coinsurance

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Mental Health/Substance Use Outpatient Services	\$0 Copayment	Deductible then 40% Coinsurance
*(Up to 20 visits per plan year may be used for substance use family counseling.)		
Condition Support Services		
Outpatient Rehabilitation - Physical Therapy (60 visits combined PT/OT/ST per benefit period)	\$30 Copayment	Deductible then 40% Coinsurance (See In-Network limitation)
Outpatient Rehabilitation - Speech Therapy (60 visits combined PT/OT/ST per benefit period)	\$30 Copayment	Deductible then 40% Coinsurance (See In-Network limitation)
Outpatient Rehabilitation - Occupational Therapy (60 visits combined PT/OT/ST per benefit period)	\$30 Copayment	Deductible then 40% Coinsurance (See In-Network limitation)
Home Health Care	Covered in full	Deductible then 40% Coinsurance
Skilled Nursing Facility	Deductible then 30% Coinsurance (200 days per plan year)	Deductible then 40% Coinsurance (See In-Network limitation)
Chemotherapy/Radiation Therapy visit	\$30 Copayment	Deductible then 40% Coinsurance
Prosthetic Appliances and Durable Medical Equipment	Deductible then 30% Coinsurance	Deductible then 40% 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.	\$15 Copayment	Deductible then 40% 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	Up to \$200 reimbursement per 50 visits for subscriber (max \$400 reimbursement per year) and \$100 reimbursement per 50 visits for covered dependent (max \$200 reimbursement per year)	
Child Birthing Classes	Up to \$75 reimbursement available for completion of child birthing class	
CaféWell Participation	Participating (Up to \$365 Life Points per contract per calendar year)	
Acupuncture (10 visit limit per plan year for acupuncture services)	\$30 Copayment	Deductible then 40% Coinsurance
Nutritional Counseling	\$30 Copayment	Deductible then 40% Coinsurance
Chiropractic Benefits	\$30 Copayment	Deductible then 40% Coinsurance

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.

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Pharmacy Coverage

Description	Retail Prescription Drugs (30 Day Supply)
	Tier 1 Drugs \$15
	Tier 2 Drugs \$25
	Tier 3 Drugs \$50
	Specialty Drugs \$50
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.	