

The Saratoga Hospital 2022 EPO \$250



**Domestic
Network*
(Tier 1)**

Albany Med Health System
(Tier 2)**

CDPHP Network*
(Tier 3)**

Annual Deductible

Individual Coverage	Not Applicable	\$100	\$250
2-person & Family Coverage	Not Applicable	\$200	\$500

Out-of-Pocket Maximum

Individual Coverage	Not Applicable	\$1,000	\$2,000
2-person & Family Coverage	Not Applicable	\$2,000	\$4,000

Annual out-of-pocket maximum includes both medical and pharmacy deductibles, copayments, and coinsurance.

Lifetime Maximum Coverage

None

None

Physician Services

Office visits - PCP/OBGYN	Covered in Full	\$10 Copayment	\$30 Copayment
Office visits - Specialist	Covered in Full	\$30 Copayment	\$40 Copayment
Well baby and child care	Covered in Full	Covered in Full	Covered in Full
Well Adult exam	Covered in Full	Covered in Full	Covered in Full
Routine GYN exam	Covered in Full	Covered in Full	Covered in Full

Hospital Services

Inpatient Hospital (semi-private room)	Covered in Full	Deductible then 10% coinsurance	Deductible then 20% coinsurance
Physician	Covered in Full	\$10/\$30 Copayment	\$30/\$40 Copayment
Outpatient Surgery Facility	Covered in Full	Deductible then 10% coinsurance	Deductible then 20% coinsurance
Outpatient Surgery Office	Covered in Full	Deductible then 10% coinsurance	Deductible then 20% coinsurance

Diagnostic Testing

Laboratory services	Covered in Full	Deductible then 10% coinsurance	Deductible then 20% coinsurance
Radiology and Imaging (X-rays, MRI's)	Covered in Full	\$75 Copayment	\$150 Copayment

Maternity

Physician services (pre/post natal care)	Covered in Full	Covered in Full	Covered in Full
Inpatient Hospital Services	Covered in Full	Deductible then 10% coinsurance	Deductible then 20% coinsurance
Newborn nursery	Covered in Full	Deductible then 10% coinsurance	Deductible then 20% coinsurance

Please see reverse for additional benefits

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Benefit Summary Continued

	Domestic Network* (Tier 1)	Albany Med Health System** (Tier 2)	CDPHP Network*** (Tier 3)
Emergency Care			
Hospital Facility (ER)		\$100 Copayment for all locations	
Ambulance	Not Available in Domestic Network	Not Available in Albany Med Health System	\$100 Copayment
All Emergency Care is Considered In-Network			
Urgent Care	Covered in Full	\$25 Copayment	\$75 Copayment
Physical Therapy, Occupational Therapy and Speech Therapy	Covered in Full	\$30 Copayment	\$40 Copayment
Durable Medical Equipment and Prosthetic Devices	Not Available in Domestic Network	Deductible then 10% coinsurance	Deductible then 20% coinsurance
Prior authorization required for items in excess of \$1000			
Chemical Abuse & Dependency			
Inpatient Detoxification	Not Available in Domestic Network	Deductible then 10% coinsurance	Deductible then 20% coinsurance
Inpatient Rehabilitation	Not Available in Domestic Network	Deductible then 10% coinsurance	Deductible then 20% coinsurance
Outpatient Rehabilitation	Not Available in Domestic Network	\$10 Copayment	\$30 Copayment
Mental Health			
Inpatient	Covered in Full	Deductible then 10% coinsurance	Deductible then 20% coinsurance
Outpatient	Covered in Full	\$10 Copayment	\$30 Copayment
Prescription Drug Coverage			
Retail		Tier 1: \$10 /Tier 2: \$40 /Tier 3: \$55	
Mail Order		90-day supply for 2.5 copayments	
Specialty Rx		Tier 4: Deductible then 25% of cost (Max of \$150 for 30 day supply) Tier 5: Deductible then 37.5% of cost (Max of \$150 for 30 day supply)	

Services rendered by Out of Network Facilities/Providers are not covered.

* **Domestic Network (Tier 1)**- All Saratoga Hospital owned facilities and physicians/professionals.

** **Albany Med Health System (Tier 2)**: Providers associated with Albany Medical Center, Glens Falls Hospital & Columbia Memorial Hospital

*** **CDPHP Network (Tier 3)** - CDPHP (including National Network) facilities & physicians/professionals that participate in CDPHP's EPO network.

This summary is provided to highlight some specific provisions of the plan. Some restrictions may apply. This plan does not cover services that are not medically necessary, for example: cosmetic procedures, LASIK surgery. 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 The Saratoga Hospital and administered by Capital District Physicians' Healthcare Network, Inc. (CDPHN).

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 or call (518) 641-3100 or 1-877-724-2579 from 8 a.m. to 5 p.m. Eastern Standard Time. The TTY number is 1-877-261-1164. For language assistance please call member services.