



2024 Saratoga County PPO \$15

	In-Network	Out-of-Network
Annual Deductible (Embedded)		
Individual Coverage	N/A	\$500
Family Coverage	N/A	\$1,000
Coinsurance		
	N/A	20%
Out-of-Pocket Maximum (Embedded)		
Individual Coverage	\$5,080	\$2,000
Family Coverage	\$12,700	\$4,000
Lifetime Maximum Coverage		
	N/A	N/A
Physician Services		
Office visits - PCP	\$15 copayment	Deductible then 20% coinsurance
Office visits – Specialist	\$15 copayment	Deductible then 20% coinsurance
Well baby and child care	Covered in Full	Deductible then 20% coinsurance
Well Adult exam	Covered in Full	Not Covered
Routine GYN exam	Covered in Full	Deductible then 20% coinsurance
Hospital Services		
Inpatient Hospital (semi-private room)	\$200 copayment (\$400 max per member per year)	Deductible then 20% coinsurance
Physician	Covered in Full	Deductible then 20% coinsurance
Outpatient Surgery Hospital	Covered in Full	Deductible then 20% coinsurance
Outpatient Surgery Facility	Covered in Full	Deductible then 20% coinsurance
Diagnostic Testing		
Laboratory services	Covered in Full	Deductible then 20% coinsurance
Radiology and Imaging (X-rays, MRI's)	Covered in Full	Deductible then 20% coinsurance
Maternity		
Physician services (pre/post natal care)	\$15 copayment, initial visit only	Deductible then 20% coinsurance
Delivery	\$200 copayment (\$400 max per member per year)	Deductible then 20% coinsurance
Newborn nursery	Covered in Full	Deductible then 20% coinsurance
Emergency Care		
Hospital Facility	\$150 copayment (waived if admitted)	
Ambulance	Covered in Full	

Benefit Summary Continued

	In-Network	Out-of-Network
Urgent Care	\$15 copayment	\$15 copayment
Physical Therapy, Occupational Therapy and Speech Therapy	\$15 copayment	Deductible then 20% coinsurance
Maximum 120 aggregate visits per calendar year		
Durable Medical Equipment	Covered in Full	Not Covered
Prior authorization required for items in excess of \$1,000		
Prosthetic Devices	Covered in Full	Deductible then 20% coinsurance
Prior authorization required for items in excess of \$1000		
Chemical Abuse & Dependency		
Inpatient Detoxification	\$200 copayment (\$400 max per member per year)	Deductible then 20% coinsurance
Inpatient Rehabilitation	\$200 copayment (\$400 max per member per year)	Deductible then 20% coinsurance
Outpatient Rehabilitation	Facility- Covered in Full Physician- \$15 Copayment	Deductible then 20% coinsurance
Mental Health		
Inpatient*	\$200 copayment (\$400 max per member per year)	Deductible then 20% coinsurance
Outpatient	Facility- Covered in Full Physician- \$15 Copayment	Deductible then 20% coinsurance
Vision		
Eye Exam (Once every 24 months)	\$15 Copayment	Deductible then 20% coinsurance
Glasses or Contacts		Not Covered
Prescription Drug Coverage		
Retail	Retail: \$5 Tier 1/\$25 Tier 2/ \$50 Tier 3	
Mail Order	Up to a 90 day supply for two (2) copayments	

This plan is sponsored by Saratoga County and administered by Capital District Physicians' Healthcare Network, Inc. (CDPHN).

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.

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 711. For language assistance please call member services.